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Annual report of the Executive Director: progress and achievements against the medium-term strategic plan**

Summary

This report covers 2008, the third year of the extended UNICEF medium-term strategic plan (MTSP) for 2006-2013. It focuses on progress in achieving the Millennium Development Goals and related commitments. It describes the key results registered in 2008 through a wide range of collaborative alliances for children in each of the five focus areas of the MTSP. Trends in progress and performance against key indicators are further analysed in the accompanying Data Companion.

The report was produced in conjunction with the UNICEF annual report of the Executive Director to the Economic and Social Council (E/ICEF/2009/3), which gives more detailed information and examples of UNICEF work in many of the areas emphasized in General Assembly resolution 62/208 of 19 December 2007 on the triennial comprehensive policy review (TCPR) of operational activities for development of the United Nations system.

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** Submission of this document was delayed because of the need for internal consultations.

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Introduction

1. The global financial crisis and economic slowdown, coupled with food and fuel price volatility, are likely to affect developing countries — and within them the vast majority of the world's poor population and children — in profound ways. Even before the crisis erupted in 2008, millions of children were already at risk. A recent study[1] estimated that 219 million children under the age of five already fail to reach their full potential in cognitive development because of poverty, poor health and nutrition and deficient care. The current crisis could plunge millions more children into poverty and exacerbate these already existing deprivations. Disruptions in public and private investments for the well-being of children could result in ever-deeper poverty traps, harming not just today's children but also succeeding generations.

2. Already, alarming data are emerging from some parts of the developing world that illustrate the vulnerability of children and poor families to food insecurity and nutritional deterioration, as well the risks to families of being forced to limit health spending, discontinue schooling or to sell off assets. There is an urgent need to monitor these vulnerabilities, to reduce the financial costs of access to basic services and to implement robust social protection measures. In response to the initial food price crisis in 2008, UNICEF focused attention and directed additional resources to strengthening national actions for the management of malnutrition and for scaling up proven interventions to improve household nutrition security.

3. According to estimates released by UNICEF in 2008, 9.2 million children under the age of five died in the year 2007. The average annual rate of reduction in child mortality for the period 1990 to 2007 was 1.8 per cent, still leaving a required rate of 9.8 per cent between 2008 and 2015 to achieve Millennium Development Goal 4. The global crises that emerged in 2008 will make this challenge yet more difficult — and may seriously slow or even reverse progress in saving children's lives, if determined efforts are not made to avoid this.

4. Global health issues in 2008 attracted unprecedented political attention and major new funding. While the situation presents significant opportunities, it has also resulted in an increasingly complex global health environment and increased risks of fragmentation. However, eight leading international organizations in global health, including UNICEF, developed a unified position and were able to influence key outcomes of the G8 Summit. As detailed in this report, UNICEF participates in the governance mechanisms and has a leadership and convening role in a range of strategic collaborative efforts for global health as well as for nutrition, basic education and water and sanitation.

5. Through advocacy, convening and supporting harmonization among collaborating partners and partnerships, UNICEF contributes to mobilizing political will and leveraging action and resources for national programmes in key sectors for the Millennium Development Goals and for children's rights. These sectors include health; nutrition; water, sanitation and hygiene education (WASH); and education. In a particularly notable advance in support of accelerated efforts for young child survival and development, arrangements were finalized in 2008 for working more

[1] Grantham-McGregor, Sally, et al, 2007. "Development potential in the first 5 years for children in developing countries." *The Lancet* 369 (January): 60-70.

effectively with the World Bank and Government partners through health-related procurement using resources from the International Development Association.

6. UNICEF also emphasized activities to prevent and end violence and sexual exploitation, including by co-leading advocacy efforts against rape in the Democratic Republic of the Congo. The World Congress III against the Sexual Exploitation of Children and Adolescents resulted in the commitment of 137 Governments and representatives of civil society, the private sector, academic institutions and adolescents to the Rio Declaration and Action Plan to Prevent and Stop the Sexual Exploitation of Children and Adolescents.

7. Following General Assembly resolutions 59/250 and 62/208 on the triennial comprehensive policy review, the UNICEF annual report to the Economic and Social Council, on the follow-up to the TCPR (E/ICEF/2009/3), highlighted the organization's contributions to the coherence of operational activities for development of the United Nations system, national capacity-building, South-South cooperation, gender equality and transition from relief to development. UNICEF in 2008 also developed an internal action plan in response to the TCPR directives and continued to be actively engaged, within the context of the United Nations System Chief Executives Board for Coordination, in the High Level Committee on Policy, the High Level Committee on Management and the United Nations Development Group. Many of the key issues in coherence continue to be addressed by more than one of these high-level committees. UNICEF contributed substantially to the important progress made on the Management and Accountability System of the United Nations Development and Resident Coordinator System, on the dissemination of good practices for common country programming and common services, and on instruments to empower the Resident Coordinators and United Nations country teams.

8. As a central element in strengthening its own effectiveness, UNICEF undertook a Global Staff Survey and launched a series of improvement initiatives to help to achieve the strategic shifts recommended by the 2006-2007 Organizational Review. These initiatives are coordinated under the leadership of the Change Management Office. They complement the organizational improvements brought about through the 2008-2009 biennium support budget process and are described in further detail in this report. They were also supported by systematic follow-up to major studies undertaken within the monitoring and evaluation framework of the UNICEF medium-term strategic plan (MTSP) 2006-2013, including the evaluation undertaken by Johns Hopkins and Harvard universities of the Accelerated Child Survival and Development initiative in West Africa and the evaluation of the implementation of the UNICEF gender policy (see E/ICEF/2009/4).

9. Gender and equity issues need to be better integrated in all results areas of the MTSP. Greater emphasis is being placed on integrated programming for sustained results. Data are being disaggregated more systematically to better address gender and disparities. An equity reference group was formed with partners and will assist in defining strategies to better reach poor and underserved families with basic services and communication.

I. Status and trends against key result areas in the 2006-2013 plan

A. Focus area 1: Young child survival and development (Goals 1, 4, 6 and 7)

10. The year 2008 marked the thirtieth anniversary of the historic Alma-Ata Declaration on primary health care. Many of the principles of the declaration, including its emphasis on equity, multisectoral approaches and community engagement, are as relevant today as they were in 1978.

11. As documented in the Countdown 2015 review,[2] progress continues to be strong in some key areas of maternal and young child survival, such as the coverage of immunization, insecticide-treated mosquito nets and vitamin A supplementation. The Measles Initiative, a partnership among the World Health Organization (WHO), Centers for Disease Control and Prevention, United Nations Foundation, American Red Cross and UNICEF, helped to achieve a reduction of 74 per cent in global measles deaths between 2000 and 2007. Working through the Roll Back Malaria partnership, UNICEF has also assisted in leveraging more than $2 billion of new resources for malaria through Round 8 of the Global Fund to Fight AIDS, Tuberculosis and Malaria.

12. However, as shown by evaluation work on the Accelerated Child Survival and Development initiative, progress for children and women is lagging in most of the critical areas that depend on a better-functioning health system with skilled health workers. The situation is particularly acute for diarrhoea and pneumonia, which together account for more than 40 per cent of all deaths among children under five and are strongly linked with undernutrition and poor hygiene and sanitation. The introduction of two types of vaccines will provide a major opportunity to revitalize efforts to reduce diarrhoea and pneumonia in 2009: pneumococcal vaccines, to be introduced through the Advanced Market Commitment mechanism for which UNICEF will procure vaccines; and vaccines against rotavirus. Coverage for services addressing maternal and newborn survival and development is also lagging. These are areas reflecting some of the starkest inequities in global health.

13. Addressing these challenges will necessitate an increased focus on maternal and newborn health and on multisectoral programmes focused on diarrhoea and pneumonia as the major killers of children, as well as on malnutrition as a key underlying cause. The introduction of commodities such as zinc for treatment of diarrhoea, ready-to-use therapeutic foods and new vaccines against pneumonia will provide a leading edge to promote comprehensive packages of services targeting the major killers in each country. The Countdown Review also called for renewed focus on strengthening health systems, greater attention to the devastating effects of conflict and the HIV pandemic, stronger integration of programmes, and better use of data for programme management. With investment in global health measures increasing, UNICEF continued to focus on data as a strategic tool for decision-making, supporting the building of national capacity in statistical monitoring and in child-related research and policy analysis.

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[2] Peter Salama, Elizabeth Mason, Joy Lawn, Ann Starrs, Jennifer Bryce, Vincent Fauveau, Flavia Bustreo, 2008. "Commentary: Making the Countdown count", (Countdown special edition of *The Lancet* 371 (April).

14. UNICEF is further addressing gaps by focusing on the countries with the greatest burden of child deaths. To complement its accelerated efforts in Africa, where 50 per cent of all deaths among children under five years occur, UNICEF convened a meeting of its Representatives in Asia and the Pacific on achieving the health- and nutrition-related Millennium Development Goals with equity. This reflected the concern that 41 per cent of all under-five deaths per year occur in 14 Asian countries. UNICEF is increasingly engaged with Asian countries in dialogue for policy change, focusing on strategic partnerships for capacity development and the use of subnational data to guide investments that address disparities.

15. UNICEF has also established a joint programme of work with the World Bank, WHO and the United Nations Population Fund (UNFPA) to accelerate work on maternal and newborn health; and focuses on undernutrition in the REACH (Renewed Efforts Against Child Hunger) initiative with the World Food Programme (WFP), the Food and Agriculture Organization of the United Nations (FAO) and WHO. A 2008 UNICEF report card outlined areas requiring greater efforts to achieve maternal mortality reduction,[3] while UNICEF, WHO, UNFPA and the World Bank adopted a programme of work for harmonized approaches to supporting national efforts for maternal and newborn health care.

16. As a major contributor, with WHO and the World Bank, to the International Health Partnership, UNICEF plays a key role in supporting Governments to develop Country Compacts and address the practical bottlenecks to strengthening health systems and scaling up programmes. UNICEF has also convened partners to address more systematically the disparities in the health sector by analysing the key financial barriers to universal access, including user charges, linking this to efforts on social protection. The renewed emphasis on equity in health, together with efforts by WHO, UNICEF and other partners to revitalize primary health care, has taken on increasing importance as the financial crisis has broadened and deepened.

1. Key result area 1: Scale up high-impact health and nutrition interventions.

Estimated 2008 programme assistance: $715.6 million

17. In 2008, UNICEF continued to work with partners to accelerate the scaling up of a package of low-cost, high-impact child survival interventions through support for integrated child health events and routine health services.

18. Few high-impact interventions, except for immunization and vitamin A supplementation, are reaching more than two thirds of children in developing countries. Although progress is being made in preventing mother-to-child transmission (PMTCT) of HIV and in paediatric treatment for HIV and AIDS, only 4 per cent of HIV-exposed children begin cotrimoxazole prophylaxis within two months of birth. Child Health Days have emerged as the common platform to deliver these interventions and services. The number of countries supporting Child Health Days, integrating the delivery of immunization with other interventions such as vitamin A supplementation, de-worming, growth monitoring, and distribution of insecticide-treated mosquito nets, has increased to over 50. UNICEF has also stepped up its support to programmes that reach families with information on critical care practices.

[3] *Progress for Children: A Report Card on Maternal Mortality*, No. 7 (UNICEF, 2008).

19. Immunization continued to reach over 80 per cent of children. In 2007, global coverage for infants receiving three doses of diphtheria, tetanus and pertussis (DTP3) was estimated at 81 per cent; 115 countries sustained 90 per cent DTP3 coverage; and sub-Saharan Africa raised coverage from 71 per cent in 2006 to 73 per cent in 2007. The number of measles deaths worldwide fell from an estimated 750,000 to 197,000 (by 74 per cent) from 2000 to 2007. The number of deaths from measles in sub-Saharan Africa also declined dramatically, from an estimated 395,000 in 2000 to 45,000 in 2007. Furthermore, 138 countries had introduced the *Haemophilus influenzae* type B vaccine into their infant immunization schedules by the end of 2008.

20. Maternal and neonatal tetanus were eliminated in Bangladesh and in two additional states in India in 2008. Worldwide, the reported coverage of pregnant women with tetanus toxoid vaccine increased from 59 per cent in 2004 to 71 per cent in 2007, while the percentage of newborns protected against tetanus at birth rose from 79 per cent in 2004 to 81 per cent in 2007. These increases are expected to result in further reductions in deaths of newborns from neonatal tetanus (the latest estimate is 128,000 such deaths in 2004).

21. As a core partner of the Polio Eradication Initiative, UNICEF continued to provide leadership in vaccine procurement in all polio-affected countries. In 2008, more than 2 billion doses of oral polio vaccines were delivered through UNICEF. Wild polio virus transmission continued in the four endemic countries — Afghanistan, India, Nigeria and Pakistan. UNICEF support to polio eradication also includes intensified communication designed to increase community demand for vaccination.

22. Full coverage (two doses) of vitamin A supplementation in the Least Developed Countries has increased to an average of over 80 per cent. This progress is largely due to integrated delivery strategies and improved coverage in hard-to-reach areas. Thirty-two countries, almost half of them in sub-Saharan Africa, have reached the goal of at least 80 per cent coverage. In 2008, UNICEF supplied over 800 million capsules, representing an increase of nearly 31 per cent over 2007. However, the number of countries covering part or all of the cost of vitamin A capsules from the national budget remains low.

23. The year 2008 saw rapid progress in the initiation and scaling up of community-based management of severe acute malnutrition. Thirty-eight countries have finalized or drafted integrated action plans for reducing malnutrition. Training materials were piloted and widely disseminated in partnership with WHO, Concern Worldwide and other agencies. In 2008, UNICEF procured 10,000 metric tonnes of ready-to-use therapeutic food in support of national programmes, an increase of 63 per cent over 2007. The growing demand requires improvements in ready-to-use therapeutic food production and logistics capacity in key regions.

24. UNICEF has spearheaded the revival of partnership for coordinated support to national efforts for scaling up zinc supplementation for diarrhoea management. Fifty-four countries have changed their national child health policies to include zinc for treatment of diarrhoea. However, implementation has been slowed by the need for changes in treatment guidelines and by inadequate funding and supplies. The global supply of zinc supplements is rapidly improving: UNICEF procurement alone increased from 63 million zinc tablets in 2007 to almost 150 million in 2008.

25. WHO and UNICEF published the first *World Report on Child Injury Prevention*, which aims to raise awareness about the magnitude, risks and impact of child injuries. The report drew attention to prevention, presented evidence of effectiveness of intervention strategies, and made recommendations for national implementation.

26. Contributing to rolling back malaria, UNICEF procured about 4 million diagnostic test kits and over 19 million insecticide-treated mosquito nets for 48 countries in 2008. All sub-Saharan African countries with available data have shown good progress in increasing the use of these nets among children under five. With regard to malaria case management, 45 countries in sub-Saharan Africa have changed their treatment policies, with 38 of them implementing the more effective artemisinin-based combination therapies. UNICEF procured 31 million combination therapy treatments in 2008; globally, procurement increased from less than 100 million such treatments in 2007, to around 130 million in 2008. Recent surveys in several countries show increases in usage rates.

27. Maternal and newborn health still requires major efforts. About 50 million births worldwide, are not attended by skilled health personnel. Sub-Saharan Africa and South Asia have the lowest levels of skilled birth attendance and bear the greatest burden of maternal mortality. While the coverage of antenatal care has increased in all developing regions during the past decade, fewer than half of all pregnant women make the recommended four antenatal care visits. Rural women, in particular, lack access to essential obstetrics and emergency care.

28. In response to the 2008 midterm review (MTR) of the MTSP, UNICEF has positioned maternal mortality reduction higher on its agenda. Maternal health systems were strengthened through a variety of interventions, including maternal and neonatal tetanus immunization, improved birth attendance and emergency obstetric care, advocacy for improved policies, increased resource allocation, capacity-building for health professionals and direct support to antenatal clinics. UNICEF also supports countries to analyse constraints to safe motherhood, building capacity for the use of tools such as maternal death audits. One of the major challenges continues to be the shortage of skilled health personnel.

29. UNICEF provided technical support in 2008 to several African Governments for the development and costing of national health plans and medium-term expenditure frameworks for reaching the health-related Millennium Development Goals. UNICEF also assisted 11 Asian countries to develop their situation analyses as a basis for "investment cases" that support the integration of essential high-impact interventions into national plans and budgets. Several countries are developing new policy guidance to improve maternal and child health care with UNICEF assistance.

30. As part of the focus on achieving the Millennium Development Goals with equity, all UNICEF regions are engaged in reviewing inequalities in health and nutrition and in supporting the national development of related strategies and budgets. Social budgeting and protection measures are also being more widely supported as complementary measures through focus area 5 of the MTSP.

2. Key result area 2: Improved family and community care practices that impact on young child survival, growth and development.

Estimated 2008 programme assistance: $86.7 million

31. The global food price fluctuations and economic downturn have highlighted the importance of safeguarding nutrition security among the most vulnerable populations. UNICEF in 2008 supported targeted complementary feeding programmes for young children, either in selected communities or through integrated campaigns, which resulted in significant increases in local knowledge and practice of appropriate complementary feeding.

32. UNICEF also supported the scaling up of community-based child nutrition initiatives in several countries. The Multiple Indicator Cluster Survey (MICS) data were used to advocate for increased resources and heightened priority for young child feeding initiatives, including through new national nutrition policies and protocols.

33. Significant progress has been achieved in increasing the rate of exclusive breastfeeding. Thirteen countries, including several in sub-Saharan Africa, achieved gains of more than 20 percentage points between 1996 and 2007, using a comprehensive approach to improving infant feeding practices. Worldwide, 71 countries have national legislation or regulatory provisions in force to protect breastfeeding based on the International Code of Marketing of Breastmilk Substitutes. Increased use is being made, with UNICEF support, of evidence-based communication campaigns that feature exclusive breastfeeding along with other key messages. These are also being integrated with programmes addressing HIV in high-prevalence settings.

34. The number of countries with national programmes that promote good parenting rose slightly in 2008. The number of countries that included targets for scaling up improved family and community care practices in their National Development Plans (or equivalents) rose more rapidly, from 63 in 2007 to 71 in 2008. The importance of quality interaction between the child and caregiver in improving chances of child survival and growth is being increasingly addressed within national health frameworks.

35. The health extension programme of Ethiopia, rolled out with UNICEF support in 2008, included community-based therapeutic feeding centres in over 100 districts. Similar centres and referral systems have also been established or strengthened in other parts of Africa and Asia.

36. With evidence now conclusive that multiple micronutrient powders ("Sprinkles") are effective in reducing anaemia among young children, UNICEF and its partners promoted the scaling up of this intervention as part of complementary feeding. About 20 countries have scaled up plans or have initiated demonstration projects. Iron and folic acid supplementation continues to be provided for pregnant women in large numbers of countries. Multi-micronutrient supplementation for pregnant women is also now a standard policy in emergency situations.

37. Flour fortification is a further means of reaching people with essential micronutrients, particularly in urban areas. The number of countries with documented national regulations for mandatory wheat-flour fortification has increased from 33 to 56 since 2003. Nearly 2 billion people now have potential

access to fortified flour — 858 million more than in 2004. UNICEF continues to provide policy and technical support for national programme design, while partners such as the Global Alliance for Improved Nutrition (GAIN), Micronutrient Initiative, and the International Finance Facility support implementation.

38. Household use of adequately iodized salt in developing countries still stands at 70 per cent, with 34 countries having exceeded 90 per cent, compared to 21 in 2002. The number of countries with iodization programmes rose from 90 in 2000 to 120 in 2007. However, a continuing lack of comprehensive laws on salt iodization significantly constrains progress towards the elimination of iodine deficiency disorders in parts of Eastern Europe and Asia. Elsewhere, problems persist with quality control, low awareness and the difficulty of reaching small-scale salt producers. UNICEF and GAIN are working to support acceleration efforts in 13 key countries.

39. As recognized in the MTR of the MTSP, evidenced-based communication is central to the adoption of essential practices for nutrition. Current capacity in this area is, however, inadequate. The implementation of evidence-based communication at scale poses challenges for programme partners in many countries.

3. Key result area 3: Increase access to, and use of, safe drinking water and basic sanitation.

Estimated 2008 programme assistance: $270.6 million

40. In 2008, UNICEF supported WASH activities in 101 countries, including 57 of the 60 countries with both low water and sanitation coverage and high under-five mortality rates (U5MR). UNICEF cooperation increasingly focused on policies and community efforts for the scaling up of high-impact, cost-effective interventions: hand-washing with soap, sanitation promotion at scale, and home drinking-water treatment. These areas form an essential part of integrated child survival and development strategies and are increasingly integrated with health, nutrition and early childhood interventions.

41. A Global Framework for Action in WASH is emerging, providing a mechanism for analysing sector capacities, aid flows and budget allocations and for holding partners accountable for their commitments. The United Nations General Assembly declared 2008 as the International Year of Sanitation. Regional conferences in Africa, the Caribbean and South Asia, together with national and local activities, raised the profile of sanitation on the political agenda. UNICEF coordinated the United Nations Water Task Force on Sanitation, which developed advocacy materials and helped to launch the first Global Hand-washing Day. This was celebrated in 82 countries with the participation of some 200 million schoolchildren.

42. UNICEF is now strongly promoting Community Approaches to Total Sanitation, an initiative focused on building demand and encouraging entire communities to abandon open defecation. The improved enforcement of sanitation by-laws provides a complementary strategy. To promote this new approach, UNICEF linked global experts with regional research and training partners to develop national capacities and also supported international learning on successful examples in villages in India. These efforts will support quality and sustainability as the approach is scaled up.

43. The percentage of programme countries that incorporate into their national development plans explicit measures for achieving the Millennium Development Goals target on sustainable access to safe drinking water and basic sanitation increased from 58 per cent in 2005 to 73 per cent in 2008. Nearly 40 per cent of countries have a national communication programme that promotes correct and sustained hand-washing with soap, while 43 per cent of countries have a medium-term expenditure framework (or equivalent) that includes discrete budget lines for sanitation and hygiene. However, acceleration in these areas is often hampered by inadequate capacities, the lack of a clear lead agency with a dedicated budget, and unclear policies.

44. Impact and sustainability studies conducted on WASH in schools in Africa and Asia indicated that successful implementation significantly reduced absenteeism among girls. Children in focus districts had more consistent hygiene practices, including hand-washing. The practices also helped to influence the practices of family members at home.

45. UNICEF continued supporting the provision of clean water, especially in underserved rural areas and among indigenous communities. The sustainability of services is a high priority, and UNICEF maintained a focus on strengthening local capacities for operation and maintenance, while also emphasizing the protection of water resources, especially in areas facing water stress. UNICEF is also supporting the scaling up of household water treatment and safe storage, particularly in countries where cholera is endemic.

46. Support continued for national efforts to detect arsenic in drinking water and mitigate its impact on children and families in affected parts of Asia, Africa and the Americas. More than 50,000 water sources were tested in 2008. UNICEF published the "Arsenic Primer", based on evaluation of mitigation activities supported in Asia since 2000.

47. The number of cases of dracunculiasis dropped below 5,000 globally for the first time ever in 2008, a 50 per cent reduction from 2007. UNICEF contributed to the construction of safe water sources, communication and coordination in the six remaining endemic countries.

4 **Key result area 4: In declared emergencies, every child is covered with life-saving interventions, in accordance with the UNICEF Core Commitments for Children (CCCs) in Emergencies.**

Estimated 2008 programme assistance: $258.6 million

48. As a key contributor to the humanitarian reform process and as Inter-Agency Standing Committee (IASC) emergency cluster lead for both WASH and nutrition, as well as a key partner in the health cluster, led by WHO, UNICEF was at the forefront of the response to many crises in 2008.

49. The global nutrition cluster provided sustained support in 10 countries undertaking emergency operations in 2008 and made significant strides in the implementation of tools and training packages. These tools have begun to show their usefulness, particularly in the area of infant feeding and in monitoring the use of breastmilk substitutes in emergencies.

50. Progress was also made in implementing the WASH cluster approach, including contingency planning, preparedness workshops, hygiene promotion and capacity-mapping in many countries. A roster of 50 WASH Cluster Coordinators and subnational coordinators was established, along with a multi-agency Rapid Response Team. Key responses in 2008 included the natural disasters in Myanmar and China.

51. Within the framework of the IASC cluster coordination, UNICEF provided support or led the health cluster when deemed appropriate by the United Nations country team. UNICEF assumed full or partial cluster leadership responsibilities for humanitarian response for WASH in 37 countries, for nutrition in 27 countries, and for IT/telecommunications/data communications in 27 countries. In total, UNICEF support in emergencies helped to reach an estimated 15.2 million children through health interventions, 5.6 million through WASH interventions, 4.3 million through nutrition interventions, and half a million through protection. Emergency health kits provided essential drugs and supplies for nearly 26 million beneficiaries over three months in 37 countries. UNICEF supported nine countries with meningitis vaccine to counter potential outbreaks. Therapeutic feeding programmes were supported in 54 countries. Child Health Days remained a key approach to delivering life-saving services in complex emergencies, including in responding to cholera outbreaks.

52. Human resource capacities to support sector coordination were developed through both sectoral and multi-cluster training. A total of 141 standby personnel were deployed to UNICEF field offices, compared to 113 in 2007. About two thirds of these personnel were provided by the Norwegian Refugee Council, CANADEM, the Danish Refugee Council and RedR Australia.

B. Focus area 2: Basic education and gender equality (Goals 2 and 3)

53. It is estimated that in 2007, 85 per cent of children of primary-school age were enrolled in primary school. However, according to the United Nations Educational, Scientific and Cultural Organization (UNESCO), there were still an estimated 75 million children of primary-school age not enrolled in school, including some 35 million in sub-Saharan Africa. A large proportion of these children live in countries affected by conflict.

54. The progress made in increasing primary school enrolment rates in Africa and Asia is undermined by low retention and completion rates. Too many children start school at a later age than that prescribed for the first grade. Many of them repeat grades. This results in a high proportion of over-aged children in primary school and the crowding out of other children.

55. Social exclusion often forms a major barrier to education access. Children from disadvantaged and minority populations, as well as working children and children living in remote areas, add to the numbers of those excluded. Girls within these groups often face a double disadvantage.

56. Emergencies continue to threaten children's access to schools in many parts of the world. So do protection issues related to girls. These issues are a growing concern, including in parts of Afghanistan and Pakistan.

57. UNICEF has intensified its contributions to strategic partnerships in education. It has participated fully in global networks dealing with aid and sector coordination,

such as the Education for All Fast Track Initiative (EFA-FTI), and the EFA Global Action Plan coordinated by UNESCO. UNICEF has provided leadership for country-based partners who support the development and review of national sector plans that can be approved for EFA-FTI funding and has also joined with bilateral and civil society partners to advocate successfully for greater inclusion of gender, HIV/AIDS, childhood disability and child labour issues in the appraisal process for EFA-FTI funding. The United Nations Girls' Education Initiative has furthered the MTSP strategy of addressing gender as an entry point for tackling other educational disparities.

58. Weak capacities of national and local authorities and lack of coordination among different levels hamper progress on increasing children's access to quality education. In 2008, UNICEF supported capacity development of national partners in major areas: improving quality through child-friendly schools (CFS); education policy and reform; and education in emergencies, post-conflict and transition. These have been pursued with key institutions such as the World Bank Institute. The partnership with the Government of Norway has allowed for significant investments at all levels to achieve results in this focus area.

1. **Key result area 1: Improve children's developmental readiness to start primary school on time, especially for marginalized children.**

Estimated 2008 programme assistance: $27 million

59. There is strong evidence that investment in early childhood development (ECD) prepares children for school, helps sustain their performance well into the primary cycle, and reduces inequalities. The number of programme countries that have national standards for monitoring school or developmental readiness has increased since 2005, from 37 to 69. Some 45 programme countries now also use assessment tools for monitoring school readiness, which in some cases have been developed with UNICEF support. Fifty programme countries have a national policy on universal school readiness. UNICEF continues to support policy development, including through studies to identify needs and disparities and pilot projects to test innovations.

60. The child-to-child approach for school readiness, which offers new possibilities for improving quality in education, was implemented on a pilot basis in six countries. Additional approaches for supporting school readiness include structured interaction between children in school and younger children at home; the development and implementation of early learning and development standards; and the use of improved assessment tools.

61. Widespread problems persist, including low investment in ECD and weak links between health and early learning initiatives. In some countries, a narrow view that upholds kindergartens as the only means of ECD continues to impede progress.

2. **Key result area 2: Reduce gender and other disparities in relation to increased access to, participation in, and completion of quality basic education.**

Estimated 2008 programme assistance: $141.7 million

62. The number of countries with national education plans that include measures to reduce gender disparities has increased rapidly, from 58 in 2005 to 87 in 2008. The number of countries with national education plans that include measures to

reduce disparities due to poverty, ethnicity and disability also increased significantly, to 110 in 2008 from 74 in 2005. Measures implemented by countries include free public elementary education, provision of free school supplies, and incentives for girls who perform well. UNICEF support to national sector plans includes advocacy for human rights-based planning criteria based on information on gender and other disparities, and the coordination of funding proposals.

63. UNICEF direct support and contributions to national capacity-building have helped to increase girls' enrolment rates significantly in parts of Afghanistan, Burkina Faso, Mozambique and other countries. The midterm study of the UNICEF-supported integrated districts programme in India, reaching 4.6 million households, showed an increase in girls' completion rates, from 53 per cent in 2005 to 72 per cent in 2008.

3. Key result area 3: Improve educational quality and increase school retention, completion and achievement rates.

Estimated 2008 programme assistance: $277.5 million

64. While UNICEF advocacy and policy work are having an impact on national programme and budget decisions, the CFS approach remains a key strategy for improving the quality of basic education. UNICEF advocates for mainstreaming CFS standards as part of sector plans and budgets, and has prepared case studies and simulation models for partners. Research shows that teaching social-emotional skills in schools contributes to child development, the prevention of developmental setbacks and education achievement. A major external evaluation of this approach is under way.

65. Work on CFS in 2008 continued to focus on providing technical support to countries for the development of standards, policies and plans. The partnership on Focusing Resources on Effective School Health agreed to establish a global monitoring and evaluation framework, for which UNICEF will develop themes regarding social and emotional learning, violence prevention, water and sanitation, and disaster risk reduction. The Inter-Agency Task Team on HIV and Education intensified its focus on education sector responses in countries with high HIV prevalence.

66. The CFS approach supported by UNICEF is now encompassing issues such as climate change and the environment; water, sanitation and hygiene; and gender and violence. Some 47 programme countries have mainstreamed environmental education or climate change into their primary school curriculum, and 51 have done so at the secondary level. Some 79 programme countries have a national policy against corporal punishment in schools. In collaboration with the Commonwealth of Learning, UNICEF is mainstreaming CFS models in teacher-training curricula through distance education in 10 countries.

67. Seventy-eight countries have now incorporated life skills-based education in the primary national curriculum, compared to 49 in 2005. UNICEF is helping to increase national capacity through the development of didactic materials and training programmes. At least 13 countries in Africa with high HIV infection rates have mainstreamed HIV education into education sector plans.

68. Governments are also increasingly recognizing the importance of WASH for education quality and achievement. The number of programme countries that have

developed national plans to provide WASH education to all primary schools increased to 75 in 2008 from 50 in 2005, in many cases with long-term support from UNICEF. UNICEF continues to directly support the construction of water and sanitation facilities in schools through pilot projects or in emergency situations, benefiting an estimated 3.6 million children in 2008.

69. The number of programme countries that have developed standardized tests for measuring learning achievement increased from 79 in 2005 to 101 in 2008.

4. Key result area 4: Restore education in emergencies and post-conflict situations, and help safeguard education systems against the HIV/AIDS pandemic.

Estimated 2008 programme assistance: $107 million

70. An estimated 3.1 million children in declared emergencies were reached in 2008 through specific interventions in education, with UNICEF assistance. These included back-to-school programmes involving large-scale mobilization, which resulted, for example in a 20.4 per cent increase in primary enrolment in the Democratic Republic of the Congo, as well as continued enrolment gains in Afghanistan and Sudan.

71. The IASC education cluster was fully established in 2008. The cluster set up task teams in priority areas and facilitated support at country level. The Inter-Agency Network on Education in Emergencies also provided important assistance in technical resource development and dissemination. The cluster approach has already been able to strengthen the education response in 27 humanitarian operations, including through rebuilding education systems in the recovery phase, promoting equity in access, and supporting Governments in implementing sector plans in post-crisis situations.

72. The partnership with the Government of the Netherlands provided significant support in 31 countries to improve service delivery, build capacity and strengthen work on prevention and preparedness. A key result was the 'fit-for-purpose' financing mechanism for the education plan of Liberia. The partnership generated the interest of EFA-FTI in having UNICEF support national programmes in fragile states through an Education Transition Fund.

C. Focus area 3: HIV/AIDS and Children (Goal 6 and Millennium Declaration)

73. HIV and AIDS have caused an estimated 25 million deaths since HIV was first identified, severely affecting child survival and development, school attendance and livelihoods. It continues to strain health and welfare systems as well as communities and families who are supporting people affected by the epidemic.

74. The call of the Unite for Children, Unite against AIDS initiative to place children "more front and centre" in the global response has produced tangible results and strengthened partnerships for action. The findings of the *Children and AIDS: Third Stocktaking Report*[4] highlight the commitment of UNICEF and its partners to support national scaling up for universal access. This has already led to improved coverage as well as the development of evidence-informed programmes.

[4] *Children and AIDS: Third Stocktaking Report* (UNICEF, UNAIDS and WHO, 2008).

75. UNICEF continued to expand its support to paediatric HIV-reduction programmes, working in 102 countries in 2008, compared to 90 in 2005.

76. Evidence for advocacy, policy and action at country level has been strengthened by improved knowledge management tools; leadership at the Implementers Meeting of the Joint United Nations Programme on HIV/AIDS (UNAIDS), held in Uganda; the focus on children at the international AIDS conferences in Mexico and Senegal; and expansion of academic partnerships in the Inter-Agency Task Teams on PMTCT, Paediatrics, Orphans and Vulnerable Children (OVC), and HIV and Young People.

77. The Global Partners Forum, held in Ireland, the Getting it Right for Children conference in the United Republic of Tanzania, the Regional Partnership Forum on Children and HIV and AIDS in Thailand, and the Latin America and the Caribbean ministerial meeting in Mexico all made use of UNICEF convening power. These events also facilitated the sharing of evidence and reinforced UNICEF leadership in support of consensus on normative standards for responding to children and AIDS.

78. Several efforts have helped to leverage funds and policy change based on good practice and standards. These include UNICEF involvement in the proposal development process of the Global Fund to Fight AIDS, Tuberculosis and Malaria and the International Drug Purchase Facility, or UNITAID; and participation in over 80 United Nations joint country AIDS teams, country coordinating mechanisms and country-level planning for the President's Emergency Plan for AIDS Relief. Experience in Asia, for example, indicates that UNICEF support to Global Fund proposals has helped to make them more inclusive of children and women. The application of normative guidance, including the IASC Guidelines for HIV in humanitarian settings and the CCCs, has also strengthened AIDS-related responses for children and women in emergency situations.

79. The mobilization of partners has been a main outcome of the revitalization of the Unite for Children, Unite against AIDS, which has emphasized programme goals as a basis for advocacy, communications, fundraising and accountability, and the strengthening of relations with UNICEF National Committees for advocacy and fundraising.

80. Ensuring 'universal access' for people living with AIDS, including children, will require intensified support in all regions that addresses prevalence rates, transmission modes and factors intensifying stigma and discrimination, such as gender, poverty, and disability.

1. Key result area 1: Reduce the number of paediatric HIV infections; increase the proportion of HIV-positive pregnant women receiving antiretrovirals; increase the proportion of children receiving treatment for HIV and AIDS.

Estimated 2008 programme assistance: $49.4 million

81. The proportion of pregnant women tested for HIV in low- and middle-income countries increased from 10 per cent in 2004 to 18 per cent in 2007, and the proportion of HIV-positive pregnant women requiring antiretrovirals who actually receive them increased from 10 per cent to 33 per cent during the same time period. Children have also benefited, as indicated by an increase in the number of HIV-positive children on antiretroviral therapy, from 75,000 in 2005 to almost 200,000 at the end of 2007.

82. The number of children with HIV dying each year has begun to show a decline, attributable to decreasing numbers of new infections and increasing numbers of people with access to treatment. Key factors that have accelerated coverage are greater integration of paediatric HIV into adult treatment centres and maternal and newborn child services; increased HIV testing of sick children in hyper-endemic countries; scaled-up use of dried blood spots for early HIV testing; and reductions in price, and improvement in availability and dosage options, for paediatric antiretrovirals.

83. The most recent global estimates from WHO and UNAIDS report 2 million children under 15 years old with HIV infection and 370,000 new infections in 2007. Despite the increase in coverage, the numbers of children on treatment represent only a small proportion who need it. A landmark study in South Africa found that early HIV diagnosis and antiretroviral therapy reduced early infant mortality by 76 per cent and HIV disease progression by 75 per cent.[5] The major challenge is to confirm HIV diagnosis for the majority of children born to HIV-positive mothers early enough to promote access to life-saving drugs.

84. Early infant diagnosis, provided during PMTCT interventions, has only 8 per cent coverage globally. Even in countries that have dramatically increased coverage of early HIV testing, results are often not communicated soon enough to prevent morbidity and mortality. Another major constraint has been the slow introduction of cotrimoxazole preventive therapy, a cost-effective, and critical intervention, which should be given to all HIV-exposed children from birth. Globally, only 4 per cent of children exposed to HIV have been initiated on this therapy by two months of age.

85. Poor follow-up from PMTCT services has impeded saving the lives of children living with HIV. Although the number of pregnant women tested for HIV has increased, far too few are aware of their HIV status. In 2007, of all pregnant women identified as HIV-positive in 60 countries, only 8 per cent had received antiretroviral therapy. In Eastern and Southern Africa — the region with the highest number of pregnant women living with HIV — only 38 per cent of antenatal facilities had services to provide HIV testing and counselling in 2007. A mere 28 per cent of the estimated number of pregnant women in this region had received an HIV test.

86. PMTCT service coverage remains far below the MTSP target of 80 per cent access to antiretrovirals for PMTCT. A major reason is that HIV testing has been either unavailable or not recommended to women during antenatal care and delivery. Many countries are now initiating 'opt-out' testing, or provider-initiated testing and counselling for HIV. Botswana, which introduced this approach in 2004, had increased the proportion of women tested to around 80 per cent by 2007. Several other hyper-epidemic countries have followed suit and have seen their coverage rise dramatically and infections fall.

87. Primary prevention of HIV has continued to be a weak link in PMTCT programmes. Empirical information suggests that health education and HIV counselling in the context of PMTCT could lead to the adoption of preventative practices, such as condom use.

[5] Violari, Avy, et al., "Children with HIV. Early Antiretroviral Therapy (CHER) Study", presentation at the 4th International AIDS Society Conference on HIV Pathogenesis, Treatment and Prevention, Sydney, July 2007.

88. UNICEF procurement for HIV/AIDS commodities totalled $68.7 million in 2008. Antiretrovirals represented 81 per cent by value of the total commodities procured, followed by HIV rapid diagnostic test kits (16 per cent, or 12 million) and tests for sexually transmitted infections (3 per cent). Paediatric treatments still account for less than 5 per cent of antiretrovirals; some 95 per cent of antiretrovirals procured in 2008 were for PMTCT.

89. Recurrent stock-outs for antiretrovirals hampered treatment in some countries. High national staff turnover in PMTCT programmes was also a key constraint, to which UNICEF responded by providing various forms of technical support.

2. Key result area 2: Increase the proportion of children orphaned or made vulnerable by HIV/AIDS receiving quality family, community and government support.

Estimated 2008 programme assistance: $49.5 million

90. Worldwide in 2007, there were an estimated 15 million children who had lost one or both parents to AIDS, including nearly 12 million in sub-Saharan Africa. Many millions more were orphaned due to other causes. Recent household survey data in 47 countries show that orphanhood from all causes exceeds 5 per cent in many countries, and is over 20 per cent in Lesotho, Rwanda, Swaziland and Zimbabwe.

91. Evidence discussed at the Global Partners Forum showed that AIDS is not the only, or even the primary, cause of orphanhood or of vulnerability. Researchers, practitioners and policy makers agreed that responses should be AIDS-sensitive — but not AIDS-exclusive — and that the focus should be on delivering help to families caring for vulnerable children, particularly through social protection systems.

92. Proven social protection interventions for children include cash transfers, case management and alternative care. These respond to a range of vulnerabilities, such as disability, poverty and gender inequity. Social welfare agencies are most often responsible for coordinating services for vulnerable children and families, such as ECD, but often lack the resources to effectively coordinate a full range of family support and protection services.

93. National responses for orphans and other vulnerable children have been increasing since the 1990s, and nearly 50 countries have adopted some type of AIDS-sensitive response. It is estimated that 32 programme countries have developed or finalized plans of actions. In sub-Saharan Africa, 31 countries had carried out situation analyses on OVC by 2007, a 58 per cent increase from 2004.

94. Weaknesses persist in monitoring the situation of these children and in evaluating the response. Fragmented efforts and weak coordination are common. Some countries, such as Uganda, have developed quality standards for the care and support of OVC.

95. Assistance to these children continues to be provided primarily by families, faith-based groups and other local organizations. Successful programmes reinforce the capacity of these support systems, while Governments have an important role in coordinating efforts. In Swaziland, for example, the expanded Neighbourhood Care Point programme reached 50,000 OVC with a range of basic services.

3. Key result area 3: Reduce adolescent risks and vulnerability to HIV/AIDS by increasing access to and use of gender-sensitive prevention information, skills and services.

Estimated 2008 programme assistance: $54.3 million

96. HIV prevalence among young women aged 15-24 years had declined by the end of 2007 in 14 countries. Seven countries in sub-Saharan Africa achieved a reduction of at least 25 per cent in this group. Some countries with high HIV prevalence have also seen declines in high-risk behaviours, such as the initiation of sex before age 15, sex without condoms, and sex with multiple partners.

97. UNICEF support to Governments and other partners in this result area reaches across a number of policy and programme areas. In East and Southern Africa, joint inter-agency missions of the Regional HIV Prevention Working Group supported the development of the national plans and prevention strategies. Advocacy and technical assistance with stakeholders in countries in Central and Eastern Europe and the Commonwealth of Independent States (CEE/CIS) and South Asia contributed to the creation of national AIDS plans that included interventions for most-at-risk adolescents.

98. Despite these positive examples, many challenges persist. Some 45 per cent of all new HIV infections were in the 15-24 age group in 2007, according to the *Children and AIDS: Third Stocktaking Report*. National HIV prevention plans are not adequately age-differentiated, and interventions with young people most at risk to HIV are inconsistent and insufficient. Moreover, too few young people have comprehensive knowledge about HIV. Disability, gender vulnerability, sexual violence, and youth in emergencies are not being adequately addressed. Data is lacking to guide implementation of sex- and age-differentiated programmes, especially for adolescent girls.

99. The number of programme countries that have integrated HIV/AIDS education into the national secondary curriculum had risen to 79 in 2008, from 56 in 2005. UNICEF continues to work with partners to improve awareness among schoolchildren on HIV prevention, with encouraging progress in countries such as Ghana and Mozambique. However, reaching marginalized children, including displaced children and refugees, continues to pose significant challenges for outreach programmes and information campaigns. Studies in several countries have highlighted the need to better tailor education and outreach campaigns towards women and girls.

100. UNICEF, in collaboration with the European Union and WHO, supported the Harm Reduction Eurasian Network in assessing young people's drug-using behaviour. A UNICEF and WHO consultation on male circumcision in the Eastern and Southern Africa region consulted youth organizations on ways to increase young people's involvement in the development of policies and mobilization efforts.

D. Focus area 4: Child protection from violence, exploitation and abuse (Millennium Declaration; relevant human rights treaties and conventions)

101. Improved protection of children in 2008 resulted from greater political commitment and the strengthening of national policies, international standards and guidance. There was significant analysis of evidence and research at national level to support these efforts. However, many protection gaps remain.

102. Continued efforts were made throughout 2008 to enhance the evidence base of child protection through gender analysis of key child protection issues; inclusion of disaggregated data on child protection in national reports to the Committee on the Rights of the Child; support to MICS, Demographic and Health Surveys and other household surveys; community-based child protection networks; specialized databases on child protection violations; and the expansion of the Monitoring and Reporting Mechanism in accordance with Security Council Resolution 1612.

103. Greater attention was given to the strengthening of the protective environment across sectors, in line with the UNICEF Child Protection Strategy in Support of the MTSP, approved by the Executive Board in 2008. In emergencies, UNICEF promoted the devotion of greater attention to urgent issues such as gender-based violence and the recruitment of children, and played a key leadership role in the expansion of inter-agency initiatives under the cluster system for emergencies. Through participation in major international forums, UNICEF also ensured that children's issues were highlighted in relation to landmines and other indiscriminate or illicit weapons. Psychosocial support was more systematically included in UNICEF emergency response.

104. Major progress was also made in placing children on the global rule of law agenda and in leveraging support from United Nations entities through development of the United Nations approach to justice for children and issuance of the Secretary-General's Guidance Note. As a result of UNICEF advocacy, the Interagency Panel on Juvenile Justice is taking a broader approach that includes child victims and witnesses of crime. UNICEF and it partners worked towards reductions in the numbers of children deprived of liberty in line with international standards, and supported countries in the establishment of juvenile justice information systems. In emergency contexts, UNICEF continued to promote the inclusion of children's issues in transitional justice mechanisms and to promote the rights of children formerly associated with armed forces and armed groups.

105. In 2008, there was progress across many regions on alternative care. Efforts were also increased to improve capacities in social work and in systems providing support to at-risk families and children. Identifying viable and sustainable alternatives to institutional care for children with disabilities was a focus in approximately 30 countries, and UNICEF supported advocacy and awareness-raising on the Convention on the Rights of Persons with Disabilities. Many countries demonstrated progress in integrating birth registration into their health services.

1. **Key result area 1: Government decisions are influenced by increased awareness of child protection rights and improved data and analysis on child protection.**

Estimated 2008 programme assistance: $73.5 million

106. Continued efforts were made to strengthen the evidence base for child protection. Thirty-five countries now have institutional or administrative sources of data on child protection indicators. The number of countries conducting gender analysis of key child protection issues rose to 35 from 27 in 2007. In addition, 55 countries included disaggregated data on child protection indicators in their most recent national report to the Committee on the Rights of the Child. An increased number of countries were supported by UNICEF in these efforts through household surveys. Specialized databases strengthened national capacities for evidence-based planning and monitoring in all regions, including on violence, abuse and exploitation, birth registration, adoption, juvenile justice, OVC, migration and children in institutions.

107. The number of countries involved in the Monitoring and Reporting Mechanism increased from 11 in 2007 to 13 in 2008. Country task forces conducted extensive training of monitors, while a Monitoring and Reporting Mechanism Global Steering Committee conducted a mapping and assessment of the existing database and information management systems. In addition, the inter-agency information management system for child protection in emergencies is providing a means for information exchange and case management coordination; this has been implemented in 14 countries.

108. The poor availability of sex-disaggregated data continues to be a significant constraint for child protection advocacy and programme development. Only 14 programme countries have sex- disaggregated data on child protection indicators for all age groups. Meanwhile, the inclusion of household chores in the statistical definition of child labour, approved by the International Conference of Labour Statisticians in 2008, was a significant step towards improving the gender dimension of child labour statistics.

2. **Key result area 2: Ensure effective legislative and enforcement systems and improved protection and response capacity to protect children from violence, exploitation and abuse, including exploitative child labour.**

Estimated 2008 programme assistance: $79.5 million

109. The Rio Declaration from the World Congress III against the Sexual Exploitation of Children and Adolescents, and the Action Plan, reiterate the recommendations of the United Nations Study on Violence against Children and proposes time-bound goals for the prevention of and response to sexual exploitation at national, regional and global levels.

110. Comprehensive child protection legislation was passed or substantially amended during 2008 in Egypt, Mozambique, Nigeria and Sudan. Legislation is under development in several other countries, including laws to address violence against women, domestic violence, sexual abuse and trafficking. Legislation to improve juvenile justice was also adopted or improved in several countries.

111. Only 17 programme countries are using investigation and court procedures that are both child-friendly and gender-appropriate. To help address this, United Nations

agencies in 49 countries are supporting advocacy and programmes. In 27 per cent of programme countries, up from 17 per cent in 2005, Governments are taking measures to implement the United Nations guidelines on Justice in Matters Involving Child Victims and Witnesses of Crime.

112. Systems for the prevention and response to the exploitation of children were strengthened through improved subregional collaboration in West and Central Africa and through the use of the adapted UNICEF guidelines for the protection of child victims of trafficking.

113. In 35 countries in 2008, compared to 26 in 2005, UNICEF and partners conducted a gender analysis of key child protection issues within the current programme cycle, including both programme-wide analyses and studies focused on specific issues. Several country programmes have conducted gender studies on emergency child protection response.

114. UNICEF supported birth registration activities in 64 countries in 2008. Registration rates and awareness levels have increased through the inclusion of activities within UNICEF-supported health and nutrition campaigns during Child Health Days, notably in Uganda and Zambia. In other countries, the establishment of health facility-based systems has substantially increased registration rates.

115. UNICEF supported programmes to end female genital mutilation/cutting (FGM/C) in 14 countries in 2008. UNICEF and UNFPA started a Joint Programme and Trust Fund for the accelerated abandonment of FGM/C within a generation in 17 countries in Africa, with initial implementation in 8 countries. Several African countries demonstrated progress following efforts to mobilize influential leaders as partners for social change.

116. In 2008, UNICEF joined with WHO, the United Nations Development Programme (UNDP), UN-HABITAT, the United Nations Office on Drugs and Crime (UNODC), and the United Nations Office for Disarmament Affairs to develop a multi-agency response to armed violence. Known as the Armed Violence Prevention Programme, this response will include the launch of a two-year collaborative process to promote the development of international policies and country level actions.

117. A main constraint in this result area, even in countries with child-friendly legislation and policies, is a chronic shortage of adequately trained judges and law enforcement officers. UNICEF works to address this through provision of support to capacity development, such as in the Islamic Republic of Iran, where 1,400 heads of police stations and police officers were trained during the year.

3. Key result area 3: Better protection of children from the immediate and long-term impact of armed conflict and natural disasters (in line with the CCCs).

Estimated 2008 programme assistance: $36.9 million

118. Over one third of programme countries (46 countries) had incorporated child protection related to emergency preparedness and response into national planning mechanisms by 2008, and 30 other countries had made partial progress.

119. UNICEF support has helped to strengthen national capacity for monitoring child rights violations and for protecting children in emergencies. In countries with declared emergencies in 2008, 62 per cent of UNICEF offices supported training for

government and non-government partners on child protection in emergencies, and 59 per cent supported national systems for monitoring and reporting violations in accordance with Security Council resolution 1612.

120. The Paris Principles and Paris Commitments, developed in 2007, have been endorsed by 79 United Nations Member States. In several countries, UNICEF contributed to the development of guidance, commitments and actions plans to support the implementation of the Principles, especially in relation to community-based reintegration of children recruited by armed groups.

121. Within the IASC Special Working Group on Gender in Humanitarian Action, UNICEF contributed to the development of the Standard Operating Procedures for Gender-based Violence (GBV) Programming in Emergencies, the Gender Handbook in Humanitarian Action, and the IASC Guidelines for GBV in Humanitarian Settings. The Democratic Republic of the Congo and Sierra Leone are among the countries in which UNICEF has supported GBV prevention and response programmes, including medical, psychosocial, legal and socio-economic assistance. UNICEF led the development of an inter-agency training package called "Caring for survivors" and the development of a research study in the Democratic Republic of the Congo on children born of sexual violence in conflict. UNICEF is the current co-chair of United Nations Action Against Sexual Violence in Conflict, and co-leads with V-Day a joint advocacy campaign against rape in the Democratic Republic of the Congo.

122. The child protection sub-cluster in emergencies, under UNICEF leadership, expanded its activities in 2008, becoming the primary forum for policy, methodological and capacity development for child protection in emergencies. Of the 36 countries in which the cluster mechanism operates, 22 have a protection cluster that includes child protection, and several others have child protection coordination mechanisms that were either established or maintained in 2008. An eight-country review of child protection coordination and surveys of cluster performance have developed indicators of good partnership and have provided lessons on how to move towards joint strategies in emergencies.

123. UNICEF continued to be one of the lead organizations advocating an end to the use of landmines and other indiscriminate or illicit weapons affecting children and civilians. The organization contributed to the 'Oslo process', which resulted in the signing by 95 States of a new international Convention on Cluster Munitions.

124. In support of national capacity, UNICEF developed guidelines and related manuals on how to transfer UNICEF mine-action projects to national partners, providing technical support to several countries. In 2008, UNICEF promoted the mainstreaming of gender into mine action through support to the development of training materials and revision of the United Nations guidelines in this area.

125. In spite of extensive commitments, the use of children as soldiers shows little sign of diminishing. Despite the Paris process, most donor contributions are of short duration, complicating the implementation of long-term reintegration programmes. Insecurity and a return to conflict has jeopardized child protection and led to re-recruitment of children in some cases. GBV remains a major concern in many conflict-affected areas and is exacerbated by persistent impunity for crimes of sexual violence.

126. Efforts have been intensified by UNICEF, however. These include contributing to new agreements on child soldier disarmament, demobilization and reintegration in north Sudan, Sri Lanka and the Philippines. In countries in transition, UNICEF contributed to the social reintegration of demobilized child soldiers.

127. UNICEF also continued to work with partners to provide trauma counselling and psychosocial support to help children and their families cope with the long-term impact of armed conflict and natural disasters, as well as to strengthen inter-agency evaluation work. Common activities include recreation and play, parent discussion groups, training of community workers and the provision of psychosocial support to specific groups of children. Child-Friendly Spaces also have been used commonly, and a challenge is to ensure they provide integrated services for children beyond psychosocial support.

4. Key result area 4: Children are better served by justice systems that ensure greater protection for children as victims, witnesses and offenders.

Estimated 2008 programme assistance: $18.3 million

128. Major progress was made in placing children on the global rule of law agenda and in mobilizing support from United Nations entities. At the initiative of UNICEF, a common United Nations approach to justice for children was developed, as reported above. Guidance is also being developed on the formulation of legislation for use by practitioners at national level.

129. More than two thirds of UNICEF-assisted programmes are working in the area of legal reform and juvenile justice. In 2008, mediation, community service, probation, life skills programmes, counselling or family group conferencing were put in place in a number of countries.

130. Capacity-building in the area of justice for children is a particular priority for UNICEF. A growing number of programmes are training professionals in working with child victims and witnesses, providing support to juvenile justice information systems, and giving legal and paralegal assistance for improving access of children to justice.

131. Important progress was made in all regions in establishing legal and policy frameworks in line with international standards promoting deprivation of liberty as a measure of last resort. In many of these countries, UNICEF facilitated broad consultative processes, including with children. Guidance for juvenile justice legislative reform and a model law for justice in matters involving child victims and witnesses of crime were developed by UNICEF in cooperation with UNODC.

132. In emergency contexts, UNICEF continued to support the inclusion of children's issues in transitional justice mechanisms. These issues cover children as victims, witnesses and offenders. UNICEF also promoted due process and protection of the rights of former child soldiers who had come in contact with the law.

5. Key result area 5: Children and families identified as vulnerable are reached by key community and government services aimed at reducing their marginalization.

Estimated 2008 programme assistance: $78.7 million

133. UNICEF offices in some 50 countries reported progress on alternative care in 2008, including the development of comprehensive reintegration plans and the piloting of small group- homes. At the global level, the Draft United Nations Guidelines for the Appropriate Use and Conditions of Alternative Care for Children were discussed at the Human Rights Council.

134. Efforts to improve national social work capacity increased, with over 35 countries reporting significant progress. UNICEF, particularly in the CEE/CIS region, worked with national ministries of labour and universities to recognize social work as a profession and to create capacity to train personnel. UNICEF also supported the establishment of community-based networks for child protection in several countries in Africa. In India, UNICEF facilitated the creation of an Internet-based tracking system for separated children in 36 cities, working with over 55 national NGOs.

135. Promoting viable alternatives to institutional care for children with disabilities was a focus in approximately 30 countries. In 13 countries, UNICEF supported advocacy and awareness-raising for the Convention on the Rights of Persons with Disabilities and several countries made use of *It's About Ability*, a child-friendly version of the Convention developed by UNICEF.

E. Focus area 5: Policy advocacy and partnerships for children's rights

136. The MTSP articulates the goal of focus area 5 as "strengthen[ing] the capacities of States and societies to design and implement social and economic policies, legislative measures and budgetary allocations that enable them to meet their obligations" under the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women. UNICEF is pursuing this goal by supporting the collection of data and information on children and women to inform strategic decision-making; supporting participation by children and young people; promoting research and policy analysis on children and women; and engaging in advocacy and policy dialogue with decision makers based on evidence.

137. This focus area has gained further priority in the face of the deep and complex economic crisis now affecting all regions. With the support of thematic funding, efforts in this area have contributed to moving UNICEF work towards evidence-based policy collaboration with national partners, in particular for the following:

(a) policies for reducing child poverty and inequalities;

(b) social protection programmes that reach and protect the most vulnerable and excluded families;

(c) child friendly macro-economic frameworks and participatory budget processes;

(d) decentralization strategies that improve the provision of quality basic services for children;

(e) legislative and policy measures for accelerated national implementation of the Convention on the Rights of the Child and Convention on the Elimination of All Forms of Discrimination against Women.

138. Together, these priority areas represent core elements necessary to breaking the inter-generational poverty cycle by coherently addressing family and child poverty, inequalities and migration; as well as the public investment, social services and social protection required to advance children's rights and gender equality. This upstream approach has also influenced UNICEF work in sectors such as health, education and child protection, and has opened new opportunities for inter-sectoral collaboration with partners. Social protection systems are emerging as a strategic means of addressing the effects of economic crisis and advancing national sectoral priorities and the Millennium Development Goals. UNICEF experience in supporting the rights of vulnerable and excluded children is being combined with new data and evidence-based analyses to make children a priority in high-level policies and budgets.

139. Focus area 5 also encompasses the continuing work of UNICEF in support of national and international data collection, analysis and dissemination. As a member of various inter-agency mechanisms, UNICEF continues to generate evidence for monitoring progress and trends on child- related indicators across all MTSP focus areas and a range of the Millennium Development Goals.

1. Key result area 1: Collect and analyse strategic information on the situation of children and women.

Estimated 2008 programme assistance: $129.3 million

140. In response to the increased demand for more frequent coverage estimates for development interventions, and demographic and impact indicators, UNICEF has made a commitment to promote and support an increase in the frequency of MICS, from every five to every three years. Together with the Demographic and Health Surveys, MICS are a central tool for collecting data to track progress made towards the Millennium Development Goals indicators. The fourth round of MICS will be implemented in 2009 and 2010.

141. About 50 reports on the third round of MICS were completed by participating countries during 2008, and technical feedback was provided to implementing agencies. These results have been widely used by Governments and United Nations organizations to report on meeting international goals.

142. UNICEF and the United Nations Department of Economic and Social Affairs launched a joint initiative to estimate the number of international migrant children for all countries and to provide a framework for periodic updates. The estimates will be disaggregated by gender and age. A statistical survey module was successfully piloted in Albania and Ecuador for measuring the impact of international migration on children left behind.

143. UNICEF continued to monitor intervention coverage and impact indicators through the maintenance of global databases derived primarily from household surveys. These data are analysed and presented in the *Millennium Development*

Goals Report, UNICEF flagship publications (*The State of the World's Children* report and *Progress for Children*), and through country profiles.

144. UNICEF also played a leading role in the Countdown to 2015 partnership that produced the *Countdown 2008 Report* (see focus area 1) as well as in various inter-agency Millennium Development Goals monitoring groups to develop standard indicators, monitoring tools and joint estimates. Collaboration also continued with Johns Hopkins University on the development of a user-friendly software package that will allow countries to estimate the impact of various child survival interventions on U5M based on coverage.

145. The UNICEF-supported DevInfo has been critical in making key data available to governments, United Nations and bilateral partners and international NGOs to help them take informed decisions on policy and programmes for children. DevInfo 6.0 will be rolled out in 2009. During 2008, UNICEF supported 63 countries to consolidate DevInfo implementation in the field. This has resulted in more than 2,000 national and United Nations professionals being trained in the use of the database system. Some 121 countries are currently using DevInfo, and 221 databases have been published by countries and organizations.

146. In addition, UNICEF launched a child mortality database that informs users on how estimates are calculated and the data underlying the adjusted annual inter-agency estimates of U5M. This database is available on www.childinfo.org and www.childmortality.org.

2. Key result area 2: Research and policy analysis on children and women.

Estimated 2008 programme assistance: $44.3 million

147. UNICEF continued to support programme countries in conducting participatory Situation Analyses of the rights of children and women. In addition to situation analysis reports, the UNICEF website hosts an increasing number of staff working papers. In 2008, seven working papers were added on migration and remittances, four on legislative reforms for child rights, and two on food prices and the financial crises.

148. The UNICEF Innocenti Research Centre continued to produce its high-profile analyses on children's rights and socioeconomic issues. In 2008, it produced 12 publications, including a report card on child care and early childhood education in economically advanced countries; a policy review paper on climate change and children; and a publication on the role of legal reform in the implementation of the Convention on the Rights of the Child.

149. Forty-four countries are participating in a global study on child poverty and disparities, which is supported and coordinated by UNICEF. The study aims at producing evidence-based, nationally owned research on how legal frameworks and government policies and programmes promote gender equality and progress on the Millennium Development Goals and children's rights. The study also promotes South-South sharing of experience to enhance national capacity in policy-centred data analysis. The study process has helped to increase the visibility of children and social exclusion in poverty reduction strategies, policy recommendations and national debates.

150. Overall, UNICEF sponsored 76 major thematic studies related to children and women in 2008, in addition to comprehensive Situation Analyses. Over two thirds of these explicitly used a human rights framework, and over half used a gender analysis framework.

3. Key result area 3: Policy advocacy, dialogue and leveraging.

Estimated 2008 programme assistance: $54.6 million

151. With the spike in food and fuel prices in the first part of 2008 and the near-collapse of the global financial system beginning in the second half of 2008, UNICEF stepped up its advocacy in high-level development forums and started to re-focus its analytical work on structural poverty and the immediate impacts of these shocks on children and women.

152. UNICEF organized a side event at the Follow-up International Conference on Financing for Development to Review the Implementation of the Monterrey Consensus, held in Doha and co-hosted with the United Nations Development Fund for Women (UNIFEM) and the International Monetary Fund. This event sent clear messages on the importance of sustaining public investments in children when families' purchasing power is weakened. Presentations by Governments highlighted good practice on making national budgets work towards the achievement of the Millennium Development Goals and for the benefit of children and women; and how commitments to children and women can be protected in times of crisis. UNICEF also co-organized a conference," Rethinking Poverty: Making Policies Work for Children", to discuss how child-focused poverty analyses could increase the efficiency of social protection and social budgeting with assistance from academic networks.

153. UNICEF continued to support a wide range of initiatives to make public financial management more effective for realizing the rights of children and women. Collaboration with national partners in social budgeting expanded to 35 countries, a significant increase over 2007. This work made use of increasingly effective knowledge management and sharing of experiences.

154. Approaches to social and gender-sensitive budgeting include support to social observatories and legislative initiatives that aim at increasing government accountability, transparency of public budgets and participation of civil society in the decision-making process; child investment monitoring systems to support advocacy work; and social mobilization investments for children. A notable partnership in 2008 was with the Ministry of Finance in China on budgeting for children. UNICEF also expanded its work with parliamentary committees and ministries of finance to increase budget transparency and attention paid to the social sectors, working in partnership with UNIFEM in several cases.

155. Social protection initiatives are being assisted in 38 countries, compared to 27 in 2007, with the momentum in Africa particularly strong. UNICEF initiated a joint statement on child-sensitive social protection with United Nations, donor, academic and NGO partners and provided gender- and child-sensitive inputs for the social protection framework of OECD PovNet, a project of the Organisation for Economic Co-operation and Development. UNICEF also collaborated with HelpAge International to support the inclusion of social protection in the Social Policy Framework adopted by the 2008 Ministerial meeting of the African Union. The

UNICEF regions in sub-Saharan Africa produced a social protection strategy and a study of the situation of social protection in five countries, in partnership with the Overseas Development Institute.

156. At country level, UNICEF support for strengthening social protection systems to protect vulnerable populations aims at providing concrete policy proposals or support to national assessment of existing programmes, particularly in the context of economic crises. Another major opportunity is emerging from collaboration among UNICEF sectors, which is increasingly focused on addressing barriers to service access and the economic vulnerability of families. Analyses and partnerships developed under focus area 5 are often instrumental in accelerating progress in individual sectors. In Kenya and Malawi, for example, UNICEF supported the piloting and evaluation of social protection strategies for potential scaling-up.

157. UNICEF engaged in and supported poverty reduction strategy development or assessments in 85 countries in 2008, compared to 76 in 2005, by advocating for child rights, providing data and/or providing direct support to government for the preparation of drafts.

158. UNICEF also supported national sector-wide approaches in 44 countries in 2008, compared to 38 in 2005, and in an increasing number of countries (13 in 2008) contributed directly to basket funding mechanisms.

159. The continuing strategic engagement with the World Bank has helped to leverage significant levels of new funding for programmes for children in countries around the world, notably through the EFA-FTI, and also for ECD, nutrition and HIV prevention.

4. Key result area 4: Enhanced participation by children and young people.

Estimated 2008 programme assistance: $25.5 million

160. Significant attention was given during 2008 to excluded and marginalized groups in situations of high HIV prevalence as well as to the Voices of Youth initiative, adolescent girls, and young people in emergencies and post-conflict situations. In addition, emerging issues identified in the MTR — including urbanization, violence and climate change — have spurred further generation of knowledge and data.

161. UNICEF works increasingly with other United Nations agencies and partners in coordinating advocacy and programme support towards the achievement of global commitments for adolescents. This includes a Joint Programming Framework on Adolescent Girls and 'most-at-risk adolescents' tools developed as part of a UNAIDS prevention toolkit. The emergence of new actors — including regional bodies, international NGOs, foundations and the private sector — has opened opportunities for systemic solutions.

162. UNICEF facilitated child and adolescent participation at key global advocacy events, including the Junior 8 Summit, World Youth Congress, Alma-Ata Anniversary Conference, Global Partners Forum on Children Affected by HIV and AIDS, and World Congress III Against the Sexual Exploitation of Children and Adolescents. The introduction of a new J8 follow-up strategy set a model for sustainable global advocacy on issues affecting young people. Global work on adolescents in emergencies was focused on the Machel Study 10-year Strategic

Review process. Standards and guidance were prepared to assist countries and UNICEF National Committees to promote meaningful child and youth participation in global advocacy. UNICEF also continued support to youth parliaments and capacity-building for young journalists.

163. Youth opinion polls were used in a number of countries to help to ensure that adolescent views were reflected in the development and review of policies and programmes. There are now a small but growing number of programme countries in which opinion polls or other tools are systematically used to gauge children's views — 25 countries in 2008 compared to 17 in 2005 — particularly in the Latin America and Caribbean region. In about one quarter of programme countries, adolescent girls and boys participated meaningfully in the most recent process of reporting to the Committee on the Rights of the Child.

F. Special focus: Emergency preparedness, response and recovery[6]

164. Guided by the CCCs, and following the direction and principles of humanitarian reform, UNICEF in 2008 responded to emergencies in 78 countries, many of which experienced more than one crisis. UNICEF operates under an expanded humanitarian framework encompassing preparedness, response and recovery, with risk reduction becoming an integral cross-cutting strategy.

165. Country offices continued to provide the bulk of the response. Assistance from headquarters and regional offices covered technical support for sector leadership, including under the cluster approach; planning and guidance; staff deployment and resource mobilization; supplies and logistics; policy development and guidance; and security. The deployment of surge capacity, especially through standby partners (141 personnel sent to 36 offices) and a dedicated Emergency Response Team (which spent 68 weeks assisting 14 countries), has developed into a significant mechanism for providing direct support to affected countries. UNICEF developed tools and guidelines for supply procurement to improve both in-house expertise and partner capacity. Systems development and strategies encompassed improved supply pre-positioning, including through the opening of a new hub in Shanghai, and information management, making the UNICEF response more timely, predictable and reflective of good practice.

166. UNICEF has been a strong contributor to humanitarian reform, serving as the global cluster lead in nutrition and in water, sanitation and hygiene; as co-lead in education with the International Save the Children Alliance, and co-lead in emergency telecommunications with WFP and the United Nations Office for the Coordination of Humanitarian Affairs (OCHA). UNICEF is also a key cluster member in health; the focal point agency for child protection and gender-based violence 'areas of responsibility' in the broader protection cluster; and chair of the cross-cutting mental health and psychosocial reference group. The cluster approach was newly applied in at least 11 countries in 2008, bringing the total to 30 since 2006. UNICEF also has engaged in a process begun in 2008 by OCHA to strengthen the Humanitarian Coordinator function and role, particularly in relation to competencies development and recruitment.

[6] Highlights of the 2008 emergency response, including country-level operations, are contained in the Data Companion that accompanies the present report.

167. UNICEF advocated for, and helped to secure, humanitarian resources for children affected by crises through participation in 13 Consolidated Appeal Processes and 13 Flash Appeals. Assistance was also provided to children in the 39 countries covered in the Humanitarian Action Report. The revolving internal Emergency Programme Fund (EPF) loan facility continues to be the fastest, most reliable and flexible funding mechanism available to UNICEF and serves as a bridge to other mechanisms. In 2008, $83.3 million in EPF loans was released to help 38 country responses. UNICEF received $102.5 million in Central Emergency Response Fund (CERF) grants in 2008, both for rapid response and under-funded crises. In addition, UNICEF contributed to the follow-up to the two-year independent evaluation of and development of policy guidance on the CERF. The new United Nations-World Bank Partnership Framework for Crisis and Post-Crisis Situations streamlines funding procedures and formalizes communication at all levels, and will support improved collaboration on post-crisis assessments, planning and learning.

168. Emergency preparedness and response planning (EPRP) remains a central strategy to ensure that staff members are ready to implement UNICEF response in all humanitarian crises. Eighty-seven per cent of country offices and four regional offices updated their plans in 2008. UNICEF staff members also increased their capacities through training or crisis simulations in some of the most disaster-prone contexts. The new Inter-Agency Emergency Simulation was utilized to galvanize Humanitarian Country Teams and national partners. The EPRP format is being improved to reflect a better integration of humanitarian, pandemic, security and business continuity planning, while UNICEF online Early Warning-Early Action system better reflects the sectoral and cluster support available throughout the organization.

169. To ensure that office operations can continue in the event of a crisis, over 500 staff members from UNICEF and eight other United Nations agencies have strengthened capacities in business continuity through an inter-agency global training in partnership with UNDP and WFP. To date, 44 regional and country office business continuity plans have been completed.

170. The development of national capacity for humanitarian action, throughout the phases of preparedness, response and recovery, is now a critical focus for UNICEF. An initial study and a global consultation reaffirmed the linkage between strengthened national capacity in country programming and the sustainability of humanitarian and post-crisis support, notably through risk reduction efforts.

171. A pilot effort to strengthen gender equality in emergency programmes began in six countries. This applies gender policy to specific humanitarian programmes, such as the development of adolescent girl-friendly spaces within camps for internally displaced persons and a gender-based system for distribution of iron supplements. Learning from this initiative will be shared in 2009 for potential expansion.

172. Within the changing humanitarian context, UNICEF began an organization-wide process to revise the CCCs, with explicit reference to (a) a human rights-based approach to programming, including gender; (b) a broader humanitarian framework covering preparedness and early recovery; (c) a stronger emphasis on results and analysis including defined performance benchmarks; (d) relevance to acute and chronic humanitarian situations; and (e) inter-agency responsibilities such as the cluster approach. The revision will be finalized in 2009.

173. Challenges remain. Humanitarian 'space' (the right of populations to receive protection and assistance, and the ability of humanitarian actors to provide assistance and advocate for protection) continued to shrink throughout the year, while the blurring of the line between humanitarian and military actors has in some cases aggravated this problem. Field offices continued to be confronted with the challenge of negotiating with non-State entities to ensure access to children in need of assistance. The right to education was threatened in many conflict zones by attacks on students, teachers and schools.

174. The UNICEF response to major emergencies in 2008 covered complex emergencies and natural disasters, with continued assistance in chronic crises. UNICEF also responded to the global rise in food prices by allocating $55 million in additional funds from regular resources to 60 countries with high levels of nutrition insecurity to address some of the immediate response. UNICEF also worked as a member of the Secretary-General's High-Level Task Force on the Global Food Security Crisis.

II. Supporting and cross-cutting strategies of the medium-term strategic plan

A. Human rights-based approach to cooperation

175. In 2008, the UNICEF human-rights based approach to cooperation continued to emphasize capacity-building, policy advocacy and partnerships for the rights of children and women. Also emphasized were child and youth participation, and the inclusion of marginalized children, minority groups and children with disabilities.

176. Consistently building human-rights based approaches into UNICEF work on young child survival and development remains the most significant challenge. Focus area 2 continues to be one of the strongest focus areas in this regard, showing, for example, a marked improvement in the proportion of countries reporting that their education policies include measures to reduce disparities. Meanwhile, in focus area 3, efforts concentrated more intensely on capacity-building for the rights of children and women living with HIV.

177. Activities in focus area 4 continued to demonstrate a stronger and more systematic incorporation of the rights-based approach, such as capacity-building of law enforcement, justice and social welfare sectors, in line with human rights standards. Within focus area 5, where UNICEF is at its strongest in engaging upstream policy processes, offices appear to be doing relatively well at designing their contributions using the normative base of the Convention on the Rights of the Child. However, the need for further quality assurance and support is clear: only two thirds of country offices report that the existing Situation Analysis of children and women uses a human rights framework.

178. UNICEF held its first meeting of all regions with the Committee on the Rights of the Child. Performance on supporting national reporting to the Committee remains high (see table 1). UNICEF support for national reporting on the two Optional Protocols to the Convention is not yet as systematic. Participants at the meeting agreed to increase the attention paid to ratification of and reporting on implementation of the Optional Protocols.

179. At the global level, UNICEF also advanced the Legislative Reform Initiative, including through a major conference funded by the European Commission and through the launch of guidance for partners in this area.

180. UNICEF continued to play a significant role in inter-agency processes, for example by leading the United Nations Development Group sub-group on inclusion of gender and human rights in the aid effectiveness discussion for the Accra High-Level Forum on Aid Effectiveness and working with Office of the United Nations High Commissioner for Human Rights (OHCHR) and the University of Oslo to explore the relationship between the Millennium Development Goals and human rights. UNICEF also co-convened with OHCHR an expert consultation on integrating a human rights perspective into the international response to rising food prices.

B. Gender mainstreaming and equity

181. Major organization-wide efforts are taking place following the Evaluation of Gender Policy Implementation in UNICEF.

182. According to a review of field reports, there was only slight improvement in focus area 1 in gender mainstreaming in 2008 compared to 2007. For example, the percentage of countries reporting an existing gender analysis of the water and sanitation sector within the last programme cycle increased slightly. Examples of good practice include UNICEF support to improved access to sanitation in schools through the construction of separate latrines for boys and girls; and communication initiatives to strengthen child-care and health-seeking practices among women and parents.

183. Focus area 2 continued to show good performance in gender mainstreaming, with the proportion of countries reporting inclusion of specific measures to reduce gender disparities in national education sector plans up from 55 per cent to 65 per cent. However, only 16 per cent of countries reported that a specific gender audit had been undertaken for the education sector within the last five years.

184. Focus area 3 showed minor improvements, primarily in the consideration of gender dynamics in the context of the feminization of the HIV/AIDS pandemic.

185. Sex-disaggregated child protection data are available only in a limited number of countries. However, the number of country programmes that have undertaken a gender analysis of key child protection issues within the current cycle rose from 22 per cent in 2007 to 28 per cent in 2008.

186. In focus area 5, UNICEF convened a range of policy discussions on gender issues, and supported the mainstreaming of gender into national development and sector plans, making this a relatively strong area of performance.

187. UNICEF is playing a central role at global level in supporting the innovative joint effort to harmonize and improve United Nations reporting to the Committee on the Elimination of Discrimination against Women. However, there was a slight decrease in the number of offices that had supported national reporting to the Committee. As one step in addressing this inconsistency, detailed guidance was issued to country offices.

188. UNICEF continued to play a significant role in inter-agency processes, including by leading an inter-agency group in the production of a joint e-learning package on gender. UNICEF facilitated planning for the Secretary-General's Campaign to End Violence against Women and drafted its results framework. UNICEF also played an important role in supporting revision of the United Nations gender architecture.

189. The evaluation of the UNICEF gender policy implementation has engendered a major process of investment and renewed action. The evaluation showed that a low number of country offices had complied with the organizational requirement to ensure a gender review within the programme cycle (see table 1). However, indicators of gender mainstreaming within individual sectors showed more encouraging trends. A dedicated investment of $4.25 million, the majority of which is supporting regional action plans, as well as the initiation of a global Gender Task Force and the revision of the UNICEF gender policy are among the responses expected to bring improved performance in 2009 and beyond.

C. Results-based planning and management

190. In 2008, the MTR of the MTSP further refined the results framework by focus area and the key performance indicators for the remainder of the current MTSP. The revised results framework (E/ICEF/2008/19) now includes 109 indicators for tracking progress against the 52 targets of the five focus areas and 40 indicators of organizational performance. UNICEF has continued to develop systems to monitor these indicators at country, regional and global levels. *MTSPInfo*, introduced in 2006 as the corporate database for monitoring performance and results for the MTSP focus areas, has been expanded further: it now has data for three successive years to provide trends as well as baselines for some of the new results and indicators introduced in 2008. The data companion to the annual report of the Executive Director is now a regular product of this database.

191. The organizational improvement initiative on performance management has introduced the concept of results-based plans in the 'One ERP' (Enterprise Resource Planning). Future programme plans will be linked to organizational targets of the MTSP and thus strengthen the results-based management approach at all levels. The MTSP results framework and the management results in the biennial support budget (E/ICEF/2008/AB/L.1) inform the overall framework for the organizational performance initiative.

192. External review of country programme documents submitted to the Executive Board in 2008 found that the average scores for integration of results-based management principles in the documents and accompanying results matrices had increased to 74 per cent from 66 per cent in 2007 (see table 1). In 8 of 11 submissions, the scores were above 80 per cent.

D. Generation and use of knowledge, including good practices and lessons learned

193. As part of the effort to establish UNICEF as a leading knowledge centre on children's rights and development, a new Intranet Site, *In Practice*, was launched in

2008. It showcases innovations, lessons and good practices from country programmes and operations and provides guidance in documenting country-based experience. Efforts are also being made to simplify the review of evaluation reports and to ensure that evaluation results are used more effectively.

194. A Communities of Practice approach was also introduced in 2008 as a key element in the UNICEF knowledge management approach. Guidance, software tools and collaborative platforms were piloted to facilitate interaction among community members and to support networking and information-sharing. A pilot community with nearly 500 staff members was launched on social budgeting, as was a second community, currently consisting of 700 members, addressing child poverty and disparities. Additional communities are foreseen in the areas of knowledge management, evaluation and education.

195. Software platforms were piloted for improved electronic document management, while UNICEF is also investigating the possibility of remotely accessible document libraries. Efforts have focused on the development of local intranets and internets, the establishment of libraries and other types of resources centres, and making better use of shared network drives.

196. A Supply Knowledge Management unit was created in 2008 and has been developing knowledge and information-sharing tools to service the supply community. These include communities of practice on the nutrition supply chain; UniTrack, a warehousing software system for country offices; and a supply chain community discussion forum. A site called *Innovate for Children* helps to harness UNICEF expertise, networks and experience to more quickly facilitate the assessment and development of product innovations for children.

E. Evaluation

197. The new UNICEF Evaluation Policy, approved by the Executive Board in 2008 has been widely disseminated, and an Executive Directive has been issued to provide further guidance on its implementation.

198. A detailed report on the evaluation function and major evaluations will be presented at the 2009 second regular session of the Executive Board, in September. This report highlights several key achievements in the past year:

(a) An evaluation of MICS concluded that these surveys fulfil essential strategic functions for UNICEF and other stakeholders, and that they merit further investment. The evaluation found that the technical guidance for MICS is excellent, but challenges exist in quality assurance at country level;

(b) The Evaluation Office led the development of a methodology for real-time evaluation for the humanitarian community. A real-time evaluation of UNICEF response to the crisis in Georgia highlighted a number of lessons for staff deployment, procurement, cluster leadership and humanitarian access;

(c) The final evaluation of the UNICEF response to the 2004 tsunami in Indonesia, Sri Lanka, and Maldives is under way, examining the impact of the response and drawing lessons for transition and recovery programming;

(d) UNICEF worked closely with other members of the United Nations Evaluation Group in carrying out an evaluability study of the Delivering as One

pilots in eight countries. This effort will inform implementation of the pilots and contribute to improving United Nations coherence at country level;

(e) A review of UNICEF corporate partnerships and an evaluation of UNICEF engagement in Global Programme Partnerships contributed to policy development in this area;

(f) Programme Performance Assessments, which review UNICEF strategic performance at country level, were carried out in four pilot countries.

F. Partnership for shared success[7]

199. In 2008 UNICEF, UNFPA, WHO and the World Bank issued a joint statement on accelerating efforts to improve maternal and newborn health and agreed to strengthen collaborative efforts in 25 priority countries. The REACH (Renewed Efforts Against Child Hunger) partnership, which includes WHO, UNICEF, WFP and FAO, supported key countries to better coordinate and accelerate nutrition programmes. UNICEF and V-Day partnered to enable women survivors in the Democratic Republic of the Congo to organize against sexual and gender-based violence in a joint campaign, "Stop Raping Our Greatest Resource: Power to the Women and Girls of the Democratic Republic of the Congo".

200. UNICEF is a member of the governance boards/structures and has a leadership role in several other partnership forums, including the International Health Partnership, Roll Back Malaria, GAVI (Global Alliance for Vaccines and Immunization) Alliance, Countdown 2015, Standing Committee on Nutrition, Micronutrient Initiative, GAIN, Rural Water Supply Network, WHO/UNICEF Joint Monitoring Programme and Public-Private Partnership for Hand-Washing with Soap.

201. In 2008, Ethiopia and Mozambique signed country compacts in line with guidance evolving from the International Health Partnership. Seven African countries are being assisted through the Catalytic Initiative to advance results-oriented implementation of the Accelerated Child Survival and Development programme, supported by a real-time comprehensive monitoring and evaluation framework.

202. Through its key role in co-chairing the Harmonization Working Group of the Roll Back Malaria initiative, UNICEF has contributed to increasing the success rates of proposals to the Global Fund, from around 20 per cent to more than 70 per cent. These efforts have helped to bring additional resources to fighting malaria ($2.3 billion for 14 countries in 2008).

203. UNICEF has played an active role as co-chair of the GAVI task teams on Health Systems Strengthening and Immunization Financing and Sustainability. Thirty-two countries accessed substantial financial support for addressing system bottlenecks through the GAVI Health Systems Strengthening window, and 31 countries initiated co-financing arrangements with GAVI for the supply of new vaccines and injection safety.

[7] This section complements the annual report to ECOSOC (E/ICEF/2009/3), which reports on, *inter alia*, the role and functioning of development cooperation of the United Nations system.

204. The UNDP-Government of Spain MDG Achievement Fund has offered UNICEF an opportunity to work on joint programmes with over a dozen United Nations agencies addressing a range of issues such as gender, nutrition, migration and WASH, along with climate change.

205. UNICEF engagement and leadership in strategic education partnerships is contributing to more effective and focused support to policy reform, scaling up of activities, and technical support to countries. The UNGEI partnership remained the main pillar, enabling UNICEF to work with the Global Advisory Committee and the wider UNGEI membership to influence changes in other major partnerships in respect of gender and disparity issues. However, weaknesses remain in translating strategies into action at country level.

206. UNICEF and the World Bank reached a global agreement that will enable national partners to use UNICEF procurement services for World Bank-funded health programmes. Eleven United Nations agencies, including UNICEF, reached a fiduciary principles accord that will enable the receipt and administration of money from the Bank's trust funds and will strengthen the effectiveness of crisis and post-crisis response.

207. In 2008, UNICEF participated in 284 joint United Nations programmes in 59 countries. While the number of countries with such programmes remained the same as in 2007, the number of joint programmes more than doubled, from the 121 reported in 2007. The estimated total amount of UNICEF expenditure on these programmes rose from $134.3 million in 2007 to $287.3 million in 2008 (see table 1).

G. Communication for Development

208. In the MTR of the MTSP, Communication for Development (C4D) was underscored as a major cross-cutting strategy for all MTSP focus areas. In 2008, C4D was repositioned as a core practice area for the organization.

209. The accelerated child survival and development approach has mobilized multi-disciplinary C4D teams in promoting critical behaviours at the household level, aiming to reduce child and maternal morbidity and mortality. Country-based partners in Africa and Asia are working to develop communication strategies that promote this package of interventions with caregivers and communities.

210. UNICEF also continued to provide global leadership on communication for dealing with avian and pandemic influenza, particularly in protecting vulnerable communities and families.

211. A review undertaken of C4D initiatives in 2008 yielded important lessons. These include the critical importance of evidence-based planning; community participation; data collection and 'ear-to-the-ground' research identifying socio-economic and cultural barriers as well as enablers of change; and the need to mobilize influential social networks and constituencies to achieve sustained, large-scale change.

212. Research, monitoring and evaluation, the weakest areas for C4D, are being addressed through training, guidance and tools. Partnership arrangements are proving effective in strengthening capacity, fostering learning and knowledge

management as well as scaling up activities within and across programmes. Dedicated capacity and adequate funding for communication are essential to achieving the key results of the MTSP; however, gaps remain.

III. Organizational performance

213. Initiatives in 2008 as part of the organizational improvement process include the following:

(a) Consolidation of an accountability system, establishing a framework for accountability and oversight at all levels of the organization;

(b) Development of an Enterprise Risk Management framework to empower managers and staff to make risk-informed decisions in meeting their accountabilities;

(c) Revision of programming policies and practices to make UNICEF programmes more dynamic, strategic and responsive to the rights and priority needs of children in national development contexts;

(d) Strengthening of organizational performance management tools, mechanisms, and key performance indicators for assessing, measuring and evaluating efficiency and results of programmes at all levels;

(e) Launching of strategies and tools for new recruitment, individual performance management, and capacity development to identify new and emerging talent, and further strengthen human resources across the organization;

(f) Development of a strategy for knowledge and content management, emphasizing the systems and tools that will capitalize on knowledge resources and help to position UNICEF as a global knowledge leader for children;

(g) Strengthening of internal communication systems to improve effective communication with and among staff members to promote a shared understanding of the organization's vision and staff engagement in the achievement of results for children;

(h) Formulation of a global strategy for collaborative relationships and partnerships to reinforce UNICEF capacity to engage in and leverage these interactions to achieve greater results for children;

(i) Improvement of business processes to streamline and simplify the way UNICEF works;

(j) Design and implementation of a single Enterprise Resource Planning (One ERP) software application system to provide UNICEF with an organization-wide platform to manage its business processes;

(k) Development of policies and processes necessary to adopt the International Public Sector Accounting Standards (IPSAS).

214. Each initiative has established an implementation team, including field staff, to oversee progress and ensure the realization of objectives. Some have employed external consultants to provide technical expertise and industry knowledge of good practices. The *Improve 360°* website on the UNICEF intranet serves as an information resource for all staff on the initiatives.

215. The initiatives have taken significant steps towards sharpening the strategic focus of UNICEF: (a) work on the accountability system has progressed; (b) a concept note on the organizational global partnership strategy was presented to the UNICEF Executive Board, followed by presentation of a strategic framework for partnerships and collaborative relationships (E/ICEF/2009/10) and an accompanying mapping document (E/ICEF/2009/11); (c) substantive work is under way to provide guidance on programming in different country situations, and on simplifying the programme planning structure and process; (d) knowledge management capacity has been strengthened, as outlined above; (e) organizational performance management has been enhanced through the identification of a core set of indicators that will be standardized for use at all levels of the organization; (f) a risk management framework, based on the organization's risk profile, has been developed and will be rolled out with a toolkit to all UNICEF offices; (g) a detailed plan has been developed and dedicated team assembled to carry out the design and implementation of the UNICEF One ERP application, including related business process improvement and IPSAS-compliance components; (h) tools and mechanisms have been strengthened to better manage and develop talent and leadership, including through the expansion of the Leadership and Development Initiative for mid-level professionals, the launching of the New and Emerging Talent Initiative for junior staff, and the Management Assessment and Development Centre for senior management; and (i) internal communication has been improved across the organization through the development of targeted messaging tools and the revamping of the UNICEF intranet.

216. The Change Management Office also coordinated the first UNICEF Global Staff Survey. With participation at over 50 per cent, the survey found that staff members are proud of and motivated to work for UNICEF; goals are clearly defined and communicated in the organization; and staff members have a good understanding of their responsibilities. Respondents indicated that they enjoy a collegial work environment producing quality work and a culture of tolerance and respect. The survey also highlighted several areas for improvement, including the following: within offices, open discussion between management and staff on job-related issues; management of conflicts and grievances; and office efficiency. In addition, concerns were expressed on work-life balance and career opportunities.

217. The Executive Director and the Chairperson of the Global Staff Association communicated the survey findings to all staff, and all offices held meetings to address staff concerns. A feedback mechanism was created for all staff to provide comments and suggest next steps. Follow-up actions taken to date include the creation of office task forces dedicated to improving specific areas; and the integration of follow-up recommendations in annual office management plans. Follow-up has counted on the support and engagement of the staff associations at all levels of the organization.

218. The organizational improvement initiatives will continue to move forward, reshaping policies, practices and procedures to more effectively support results for children. Organizational improvements will also contribute to addressing many of the concerns raised in the Global Staff Survey.

Table 1
Key programme management performance indicators

Indicator	2005	2006	2007	2008	MTSP target for 2011
Programme oversight					
% country offices with annually updated Emergency Preparedness and Response Plan	87%	88%	88%	87%	100% (2009)
% new CPDs referring to Observations of Committee on Rights of the Child and/or Committee on the Elimination of Discrimination against Women	89%	91%	93%	100%	100% (2009)
% new CPDs approved by the Executive Board that meet organizational standards for application of human rights-based approach	n.a.		73%	80%	75%
% new CPDs approved by the Executive Board that meet organizational standards for application of Gender mainstreaming	n.a.		45%	44%	75%
% country programmes for which a gender review and self-assessment undertaken	13%	23%	26%	30%	70%
% CPDs approved by the Executive Board that meet organizational standards for Results-Based Management	n.a.		66%	74%	90%
% CPDs that include clearly articulated strategy for use of Communication for Development, with a focus on behaviour and social change to achieve results for children	n.a.			53%	100%
Knowledge management					
(i) Number of lessons learned, vetted and accessed	42	31	45	n.a.	100 (2009)
(ii) Number of 'communities of practice' created as per established guidance	Not applicable			3	
Country offices reporting documented examples of UNICEF support to South-South cooperation	Not applicable			83	
Number of countries using UNICEF procurement services to procure supplies for children and their families	Not applicable		100	102	

Indicator	2005	2006	2007	2008	MTSP target for 2011
Programme funding - % donor reports submitted on time	71%	74%	75%	83%	85%
% of total income that is thematic funding	21%	11%	9.7%	10.1%	15%
UN Coherence					
% CPDs with result matrices aligned to UNDAF results matrix	n.a.		74%	76%	
Number of UNICEF staff serving as Resident Coordinator	n.a.			12	
% programme funds expended on annual work plans that are jointly funded by at least one other United Nations agency	n.a	3.3%	5.3%	10.2%	To be determined
Evaluation					
% programme evaluations rated satisfactory or better based on United Nations standards[a]	78%	84%	96%	n.a.	90%
% evaluations with a formal management response[b]	79%	90%	80%	86%	100%

a/Data include adjustments to reflect evaluations that were received in the latter part of 2007. Data for 2008 will be available by mid-2009.

b/Includes MTSP evaluations, evaluations conducted by Evaluation Office, and other corporate evaluations; updated for previous years.

n.a.: Data not yet available.

219. As seen in table 1, improvements were registered in almost all the key indicators for programme management, except those on the application of gender in new country programme documents, which registered a slight decline.

220. Meanwhile, table 2, below, registers positive trends in almost all the MTSP key operations management performance indicators, except regarding recruitment.

221. UNICEF continued to participate actively in United Nations system-wide financial management initiatives. Work on a draft set of harmonized financial regulations and rules proceeded throughout 2008, and UNICEF continued to work with UNDP and UNFPA in efforts to further harmonize results-based budgeting approaches. Significant progress has been made in implementation of IPSAS. An analysis of the major impact areas of IPSAS on UNICEF business practices has been completed, and policy development is under way.

222. UNICEF supply throughput continued to increase, in terms of both value and quantity. The total global value of goods procured in 2008 was $1.46 billion. UNICEF provided procurement services to 102 Governments, including with

funding from a number of global partnerships, including GAVI, the Global Fund, UNITAID and the World Bank, which resulted in health supplies worth $661 million being delivered to countries. An additional 30 countries were assisted with local construction support, primarily of child-friendly schools, with a value exceeding $208 million.

223. UNICEF work with partners to promote markets for key strategic essential supplies for children resulted in more access to supplies, higher quality or lower prices. Results included an increase in the global supply capacity for long-lasting insecticide-treated mosquito nets; a 20 per cent reduction in the price of pentavalent vaccine since 2004; and international audit conducted of five new manufacturers of ready-to-use therapeutic food. In addition, an ECD kit was developed for use in emergency response.

224. A stronger focus on in-country supply chain capacities by Governments and UNICEF also helped to expand the availability of essential commodities. The introduction of the UniTrack warehousing software tool, developed by UNICEF, to 14 countries has been an important step towards improving field-level warehouse management.

225. The Ethics Office was established in December 2007, with a mandate to foster management and staff awareness of UNICEF standards on ethical behaviour, to provide guidance for the prevention of conflicts of interest, and to take steps to promote a work environment characterized by high ethical standards and in full compliance with applicable rule, regulations and administrative instructions.

226. During the year, the Ethics Office developed a training strategy, including online training, to reach all UNICEF staff. Policy guidance on potential conflicts of interest to staff in the field and headquarters was provided. The financial disclosure programme was improved and strengthened.

227. Of the eight retaliation-related complaints received during the year, three were reviewed in depth and none was determined to meet the test of a *prima facie* case of retaliation. The remaining cases were referred to other informal systems of conflict resolution, in consultation with the staff members involved. No case continued the path of recourse to reach the Ethics Office. The Ethics Office, as a member of the United Nations Ethics Committee contributes to and benefits from the system-wide code of ethics and to the harmonization of ethical standards and policies among members of the Committee.

228. While there was a record number of 800 positions filled in 2008, the recruitment timeline remains a concern. The proportion of recruitment for regular posts completed within 90 days dropped from 33 per cent in 2007 to 25 per cent in 2008. Given that a number of positions are established based on pledges received, a main constraint was the slow flow of funding for positions, which delayed appointments of selected candidates and necessitated hiring temporary personnel in many instances. To ensure that UNICEF attracts the highest-quality candidates, significant efforts were expended in strategic sourcing, including for external candidates. The additional efforts added to the recruitment timeline. The first cohort of 12 candidates under the New and Emerging Talent Initiative was selected, nine of whom took up their field assignments. UNICEF is reviewing the MTSP key performance indicator regarding the recruitment timeline to ensure that time frames are realistic and do not compromise candidate quality.

229. For emergency surge capacity, the internal redeployment of staff, external recruitment of consultants and standby arrangements with partners continued to be effective. In 2008, 268 deployments to 40 countries were completed, compared to 150 deployments to 56 countries in 2007.

230. Estimated spending on learning and staff development increased from $7.3 million in 2007 to $7.7 million in 2008. Although the expenditure percentage target was not reached, the MTSP targets for staff learning were far exceeded in the Basic, Programme Excellence, and Leadership and Management learning programmes. The Leadership Development Initiative, intended to develop an internal pool of high-potential middle-management staff, is running successfully and covers all regions. The Management Assessment and Development Centre was launched, and the first cohort of 32 was successfully assessed. Strategic learning focused on enabling staff to work 'upstream,' including on education and health policy and financing, and on social protection and budget policies. Capacity development for emergency preparedness and response also received high priority.

231. In 2008, the global Information Communication Technology function was realigned to ensure more timely response to the strategic requirements of UNICEF and the rapidly changing operating environment. One of the major investment decisions made was the implementation of a global ERP system to reduce the technology footprint and to integrate systems. Most of the preparatory work for this multi-year project was completed on schedule. Activities include prerequisite projects such as the technical upgrade to SAP 6.0 and migration to SAP-HR (human resources) for non-profit organizations. The new version of SAP provides the foundation for the development of One ERP.

232. In an effort to streamline communications costs and improve capacity in the field, UNICEF joined the United Nations-wide VSAT (satellite system) contract in January 2008 and migrated 93 office sites to the new provider. A preliminary review showed a considerable improvement in quality compared to that provided by the previous system.

233. UNICEF provides basic telecommunications services in emergencies according to the standards set in the CCCs. Most users reported a high level of satisfaction with these services.

Table 2
Key operations management performance indicators

Indicator	2005	2006	2007	2008	MTSP target for 2011
Finance					
Management/administration/programme support costs to total regular resources and other resources	15.3%	14.3%	14.1%	13.3%	17.5% (2009)
% of allocated regular resources for programme expended at end of year	93%	93%	97%	93%	95% (2009)
% outstanding direct cash transfer to national partners over nine months	3%	2%	1%	0.9%	5% (2009)
Risk management practice					
% of audit observations closed by 1 July of following year	66%	65%	56%	73%	90%
General compliance with Institute of Internal Auditors (IIA) standards based on periodic independent quality reviews of internal audit function			Partial	General compliance[a]	General compliance (2009)
% complaints investigated and closed within six months	n.a	n.a	n.a.	44%	100%
Number of offices/divisions with audit recommendations outstanding for over 18 months	n.a	12	3	5	
Supply					
Value of country procurement services (millions of United States dollars)	$413	$577	$673	$680	$500
No. of programme countries in which UNICEF supports Governments to produce a plan to address shortages of essential commodities (including % Least Developed Countries, or LDCs)	15	23	21	25	38 (75% of LDCs)
No. of programme countries with updated logistics capacity assessment	n.a.	n.a.	n.a.	23	40 (80% of LDCs)
% orders delivered at port of entry at or within agreed arrival dates	64%	57%[b]	71%	70%	95%
% rapid response orders shipped within 48 hours of sales order release	85%	86%	86%	94%	95%

Indicator	2005	2006	2007	2008	MTSP target for 2011
Human resources					
% recruitment actions completed within 90 days for established international Professional posts[c/]	17%	44%	33%	25%	75%
% requests for surge capacity support met within 56 days	n.a.	n.a.	65%	74%	80%
% staff identifying themselves as satisfied with the UNICEF workplace, as per global staff survey		Not surveyed		75%	80%
% performance assessment reports signed by all 3 parties by end of February the following year	n.a.	51%	62%	62%	90%
% of total staff costs (support budget and regular resources) spent on learning and staff development	1.4%	1.4%	1.7%	1.6%	3%
% of staff who spent more than 10 days on planned learning	36%	34%	33%	38%[d/]	64%
Number of staff successfully completing learning programmes at following levels:					
– basic	n.a.	6,409	2,310	2,197	400/yr
– programme excellence		653	670	677	300/yr
– leadership and management		52	31	161	150/yr
% women staff at P/L 5 levels and above, globally	36%	38%	40%	42%	50%
Information and communication technology					
% increase in UNICEF staff productivity through use of modern Enterprise Content Management system					10% increase
% of emergencies in which IT services requested are provided as per standards established in the proposed revision of CCCs				100%	85%
% of Service Level Agreement targets are met or exceeded					90%

a/ According to the IIA in 2008, the UNICEF Office of Internal Audit meets the highest standards. General compliance was therefore achieved in 2008.

b/ The parameters for the calculation were tightened in 2006 to remove a two week 'grace period'; hence the apparent decline.

c/ Fixed-term posts only; does not reflect the use of UNICEF surge capacity to respond to emergencies.

d/ Preliminary estimate, to be validated.

IV. Income, expenditure and resource mobilization[8]

Income

234. Total income to UNICEF increased by 13 per cent, from $3,013 million in 2007 to $3,390 million in 2008, and exceeded the financial plan for 2008 by $299 million. This is attributable to increased contributions to other resources, both regular and emergency, while total regular resources decreased slightly.

Table 3
UNICEF income by resource type and source for 2007 and 2008
(In millions of United States dollars)

Source of income	*2008*	*2007*	*2008*	*Comparison to 2007*		*Comparison to Plan*	
	Actual	**Actual**	**Planned**				
	$m	**$m**	**$m**	**$m**	**%**	**$m**	**%**
Regular resources							
Government (gross)*	616	538	609	78	14%	7	1%
Private sector	361	392	395	(31)	(8%)	(34)	(9%)
Other	108	176	132	(68)	(38%)	(24)	(18%)
Total - regular resources	1,085	1,106	1,136	(21)	(2%)	(51)	(5%)
	32%	37%					
Other resources – regular							
Government	966	905	893	61	7%	73	8%
Private sector	513	415	348	98	24%	165	48%
Inter-organizational arrangements	91	59	56	32	54%	35	62%
Subtotal	1,570	1,379	1,297	191	14%	273	21%
Other resources – emergency							
Government	458	292	339	166	57%	119	35%
Private sector	112	61	141	51	84%	(29)	(20%)
Inter-organizational arrangements	165	175	178	(10)	(6%)	(13)	(7%)
Subtotal	735	528	658	207	39%	77	12%
Total - other resources	2,305	1,907	1,955	398	21%	350	18%
	68%	63%					
Total	**3,390**	**3,013**	**3,091**	**377**	**13%**	**299**	**10%**
	100%	100%					

* Gross regular resources income from Governments includes support budget transfers for income taxes paid by UNICEF on behalf of the citizens of a Government that contributes to UNICEF regular resources.

[8] Figures in the tables and graphs may differ slightly from those in the text because of the rounding of figures.

Table 4
UNICEF income by source for 2007 and 2008
(In millions of United States dollars)

Source of income	*2008*	*2007*	*2008*	*Comparison to 2007*		*Comparison to Plan*	
	Actual $m	**Actual $m**	**Planned $m**	**$m**	**%**	**$m**	**%**
Government	2,040	1,735	1,841	305	18%	199	11%
Private sector / non-government	986	868	884	118	14%	102	12%
Inter-organizational arrangements	256	234	234	22	9%	22	9%
Other	108	176	132	(68)	(38%)	(24)	(18%)
Total	**3,390**	**3,013**	**3,091**	**377**	**13%**	**299**	**10%**

235. Compared to 2007, total income to regular resources decreased by 2 per cent, to $1,085 million in 2008, and fell behind the 2008 plan by $51 million, or 5 per cent. Regular resources from Governments increased significantly, by $78 million, while regular resources from the private sector decreased by $31 million, and from other sources by $68 million. Contributions to other resources increased by 21 per cent, to $2,305 million, and exceeded the plan by $350 million, or 18 per cent.

236. As a result, regular resources accounted for 32 per cent of total income to UNICEF in 2008, a significant drop from 37 per cent in 2007.

237. Other income during 2008 was $108 million, the majority of which was generated from interest income. Despite the crisis that occurred in world financial markets, UNICEF was able to protect its investment portfolio and produce a healthy return.

238. Receipts of $742 million and disbursements of $802 million were administered and accounted in 2008 under various trust funds, including procurement services.

Total expenditure

239. Total expenditure increased by 11 per cent, from $2,798 million in 2007 to $3,098 million in 2008. Expenditure on programme assistance increased by $291 million (12 per cent) to $2,808 million. Combined expenditure on programme support ($167 million), management and administration ($74 million) and centrally shared security costs ($10 million) amounted to $251 million, an increase of only $1 million (1 per cent) compared to 2007, and far below the planned level.

Table 5
UNICEF expenditure for 2007 and 2008
(In millions of United States dollars)

Nature of expenditure	*2008*	*2007*	*2008*	*Comparison to 2007*		*Comparison to Plan*	
	Actual $m	Actual $m	Planned $m	$m	%	$m	%
Programme assistance	2,808	2,517	2,660	291	12%	148	6%
Net programme support and management and administration	251	250	356	1	0%	(105)	(29%)
Subtotal	**3,059**	**2,767**	**3,016**	**292**	**11%**	**43**	**1%**
Write-offs	22	15	5	7	47%	17	340%
Support budget costs/reimbursement*	17	16	16	1	6%	1	6%
Total	**3,098**	**2,798**	**3,037**	**300**	**11%**	**61**	**2%**

*Support budget transfers that represent income taxes paid by UNICEF on behalf of the citizens of a Government that contributes to UNICEF regular resources.

Programme assistance

240. Tables 6 and 7 summarize UNICEF direct programme assistance (net of programme support) in 2008 by MTSP focus areas and by geographical regions, disaggregated by funding source.

241. Programme expenditures increased substantially in 2008 in all five MTSP focus areas compared to 2007. Overall shares in total expenditure remained highly stable except for a 2 percentage point fall in the share of focus area 1, due mainly to trends in other resources. The share of focus area 3 continued to be well below the amount projected when the MTSP was adopted in 2005.

242. The share of programme assistance in sub-Saharan Africa continued to rise, and reached 55.5 per cent, an increase of approximately three percentage points compared to 2007. That region and the two Asia regions together accounted for some 83 per cent of total assistance; Least Developed Countries accounted for 52 per cent of the total; and countries with high U5MR accounted for 64 per cent (see annex).

243. Some $45.7 million was allocated to country programmes from the regular resources set-aside, almost entirely for nutrition interventions to combat the effects of rising food prices on children.

Table 6
Direct programme assistance by focus area, 2008

(In millions of United States dollars)	ORE	ORR	RR	Total
Young child survival and development	459.8	615.4	343.3	1,418.5
Basic education and gender equality	159.0	326.3	112.6	597.8
HIV/AIDS and children	8.7	128.4	50.2	187.2
Child protection from violence, exploitation and abuse	66.9	157.3	83.3	307.6
Policy advocacy and partnerships for children's rights	49.1	79.5	138.9	267.6
Other	2.8	8.7	18.2	29.7
Total	**746.2**	**1,315.5**	**746.6**	**2,808.3**

ORE = other resources emergency

ORR = other resources regular

RR = regular resources

Table 7
Direct programme assistance by focus area, as a percentage of total programme expenditure, 2008

	ORE	ORR	RR	Total
Young child survival and development	61.6%	46.8%	46.0%	50.5%
Basic education and gender equality	21.3%	24.8%	15.1%	21.3%
HIV/AIDS and children	1.2%	9.8%	6.7%	6.7%
Child protection from violence, exploitation and abuse	9.0%	12.0%	11.2%	11.0%
Policy advocacy and partnerships for children's rights	6.6%	6.0%	18.6%	9.5%
Other	0.4%	0.7%	2.4%	1.1%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

Table 8
Direct programme assistance by region, 2008

(In millions of United States dollars)				
Region	**ORE**	**ORR**	**RR**	**Total**
CEE/CIS	7.9	54.4	24.2	86.5
Asia	245.8	346.8	182.9	775.4
Sub-Saharan Africa[a]	407.1	682.4	468.4	1,557.9
Inter-regional	8.9	79.0	17.0	105.0
Middle East and North Africa	58.8	50.0	26.3	135.0
Americas and the Caribbean	17.7	102.9	27.9	148.5
Total	**746.2**	**1,315.5**	**746.6**	**2,808.3**

[a] Includes ESAR and WCAR countries, Sudan and Djibouti.

Table 9
Direct programme assistance by region, as a percentage of total programme expenditure, 2008

Region	**ORE**	**ORR**	**RR**	**Total**
CEE/CIS	1.1%	4.1%	3.2%	3.1%
Asia	32.9%	26.4%	24.5%	27.6%
Sub-Saharan Africa[a]	54.6%	51.9%	62.7%	55.5%
Inter-regional	1.2%	6.0%	2.3%	3.7%
Middle East and North Africa	7.9%	3.8%	3.5%	4.8%
Americas and the Caribbean	2.4%	7.8%	3.7%	5.3%
Total	**100.0%**	**100.0%**	**100.0%**	**100.0%**

[a] Includes ESAR and WCAR countries, Sudan and Djibouti.

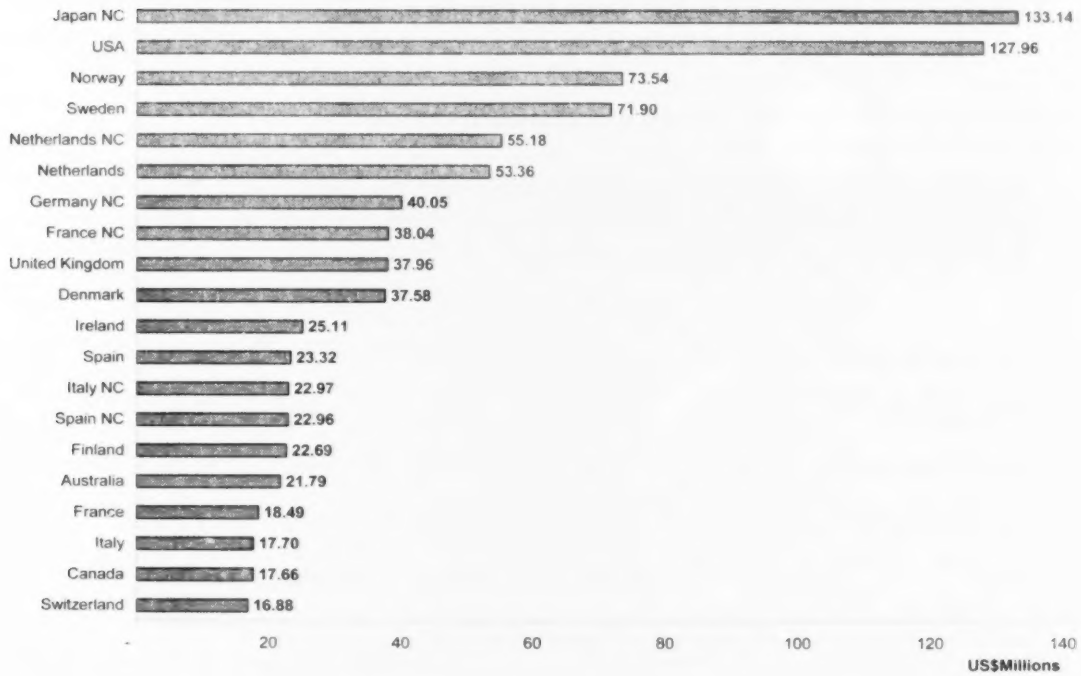
Resource mobilization

244. A total of 109 Governments, contributed to UNICEF resources in 2008. Total income from public sector donors (Governments, intergovernmental organizations and inter-organizational arrangements) amounted to $2,295 million, representing an increase of 17 per cent over 2007. Out of this amount, $616 million was received from public sector donors for regular resources, $1,057 million for other resources-regular, and $623 million for other resources-emergency.

245. While regular resources contributions from the private sector and NGOs declined (by 8 per cent), from $392 million to $361 million, contributions to other resources in these categories increased by 32 per cent, from $476 million to $626 million.

246. In addition, the lower level of regular resources income classified as 'other income' was largely caused by unfavourable exchange rate movements that affected the valuation of outstanding payments and income from investments.

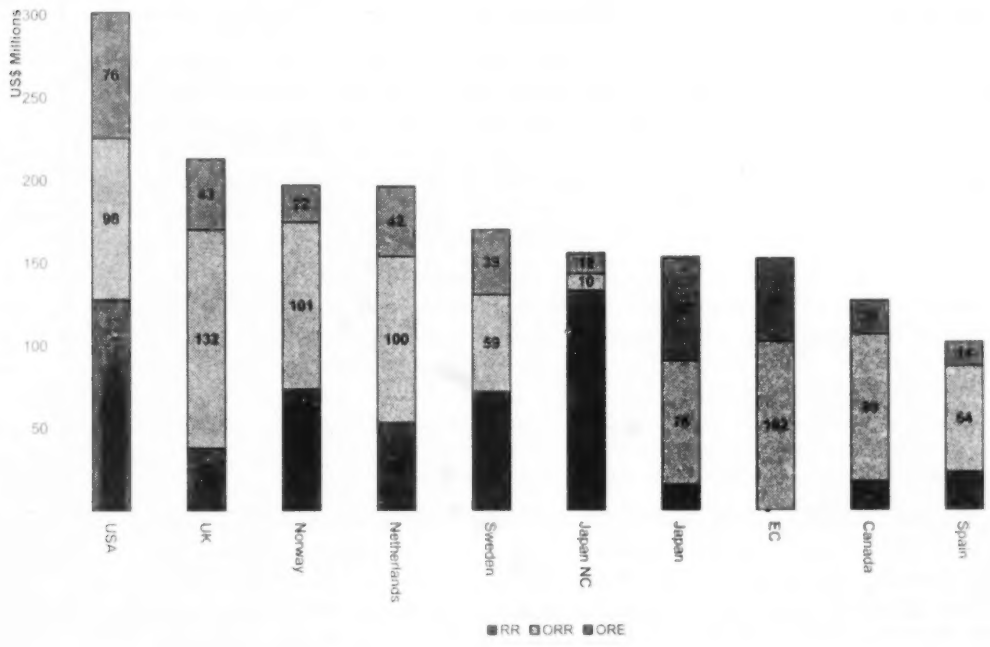
Figure I
Top 20 donors to UNICEF regular resources, 2008



NC = National Committee for UNICEF.

247. Regular resources continue to be low in relation to overall income. The global presence of UNICEF and its capacity to provide continued leadership on child-related priorities and issues depend upon a strong and reliable core income base. The current economic crisis is having a rapid and major effect on children and other vulnerable groups and UNICEF, more than ever, needs predictable growth of its core resources.

Figure II
Top 10 donors to UNICEF, 2008



The chart does not include CERF ($97.5m) and other pooled funds (98.9m).

248. The United States Government continues to be the largest donor to UNICEF, with a contribution of $301 million, followed by the United Kingdom ($213 million), Norway ($197 million), Netherlands ($196 million), and Sweden ($170 million). The Japan National Committee was the sixth largest donor to UNICEF in 2008, with a total contribution of $156 million, followed by the Government of Japan ($153 million), and the European Commission, including the Humanitarian Aid Office ($152 million). The Government of Canada, with $127 million in contributions, and the Government of Spain, with $102 million, are also among top 10 donors. UNICEF received $97.5 million from the Central Emergency Response Fund (CERF) through the United Nations Office for the Coordination of Humanitarian Affairs (OCHA) and a total of $98.9 million in various multi-donor trust funds channelled through OCHA, UNDP, the World Bank and other organizations.

249. The public-private partnerships of UNICEF not only brought valuable financial resources for UNICEF-assisted programmes but also made strategic contributions to the support of children's issues and to the leveraging of further funding for children worldwide. Among the major contributors to UNICEF were the United Nations Foundation ($51.2 million), Bill & Melinda Gates Foundation ($50.6 million), Rotary International ($41.4 million), the Canadian Micronutrient Initiative ($14.3 million), and the Global Fund ($7.3 million).

250. As the most flexible of the restricted funds, thematic funds are the best alternative to regular resources. They directly support the achievement of MTSP results by allowing long-term planning and savings in transaction costs. Administrative processing of thematic contributions is less burdensome and allows concentration on achievement of results. Since 2003, UNICEF has received $807 million in non-humanitarian, and $914 million in humanitarian, thematic funds. In 2008, overall thematic funding increased by 17 per cent, thanks to the increase in the humanitarian category, from $294 million to $343 million.

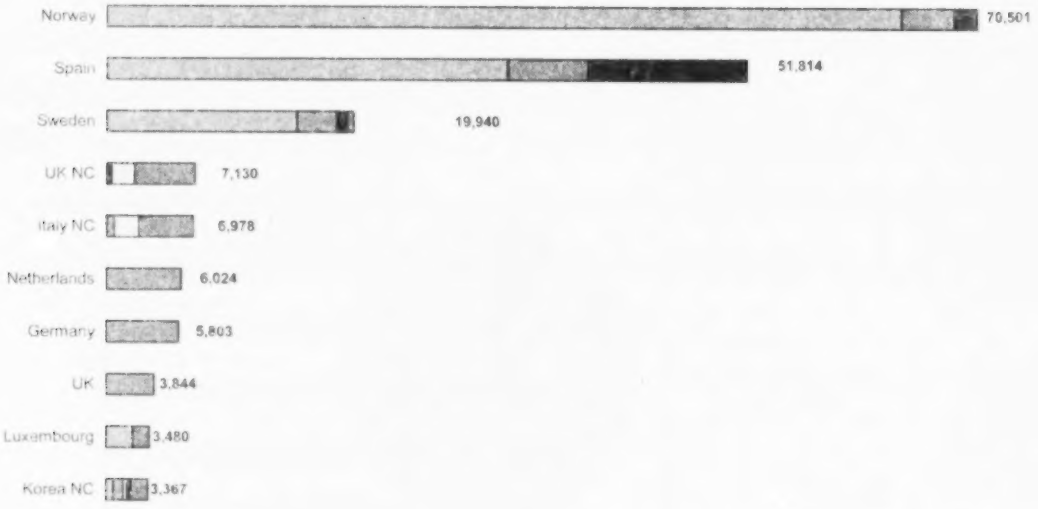
251. Thematic funding for the five MTSP focus areas slightly decreased, by 3 per cent over 2007 levels – from $209 million to $203 million. Focus area 1 showed the largest increase; focus area 3, the largest decrease. UNICEF has committed to improved processes related to thematic funding; to more transparent allocation of global thematic pools; and to improved results-based and financial utilization reporting in order to meet donor expectations and increase flows.

252. In addition to contributions from 18 Governments and 32 National Committees, thematic funding was also provided by the European Commission for the first time in 2008. The public sector contributed 68 per cent of all thematic funds in 2008. National Committees played a crucial role in contributing 86 per cent of all focus area 1 thematic funding; 88 per cent for HIV/AIDS and children; and 53 per cent of thematic humanitarian funds.

Figure III

Top 10 donors to MTSP thematic funds, 2008

(In thousands of United States dollars)



	Korea NC	Luxembourg	UK	Germany	Netherlands	Italy NC	UK NC	Sweden	Spain	Norway
Total	3,366,647	3,479,578	3,844,375	5,803,123	6,024,000	6,977,714	7,129,692	19,940,359	51,813,600	70,500,500
YCSD	1,399,108	1,361,574				4,394,996	4,885,697	586,678		
PAP	289,995							660,013	12,953,400	1,862,510
HIV-AIDS	293,330					1,985,156	1,871,935	128,336		
CP	800,000		3,844,375	5,803,123	6,024,000	582,018	236,532	3,232,854	6,476,700	4,298,100
BEGE	584,214	2,118,004				15,544	135,528	15,332,477	32,383,500	64,339,890

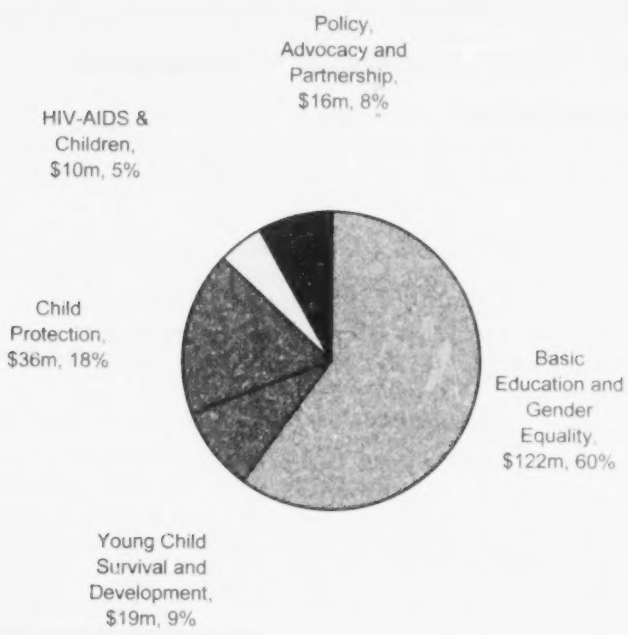
YCSD = Young child survival and development

PAP = Policy advocacy and partnerships

CR = Child protection

BEGE = Basic education and gender equality

Figure IV
Thematic funding for MTSP focus areas, 2008


Policy, Advocacy and Partnership, $16m, 8%
HIV-AIDS & Children, $10m, 5%
Child Protection, $36m, 18%
Basic Education and Gender Equality, $122m, 60%
Young Child Survival and Development, $19m, 9%

253. Out of the total 2008 emergency funds, 19 per cent per cent ($140 million) was received as thematic funding, up from 16 per cent in 2007. Thematic humanitarian funding illustrates donor commitment to Good Humanitarian Donorship and allows UNICEF to respond more effectively to humanitarian crises, based on global priorities.

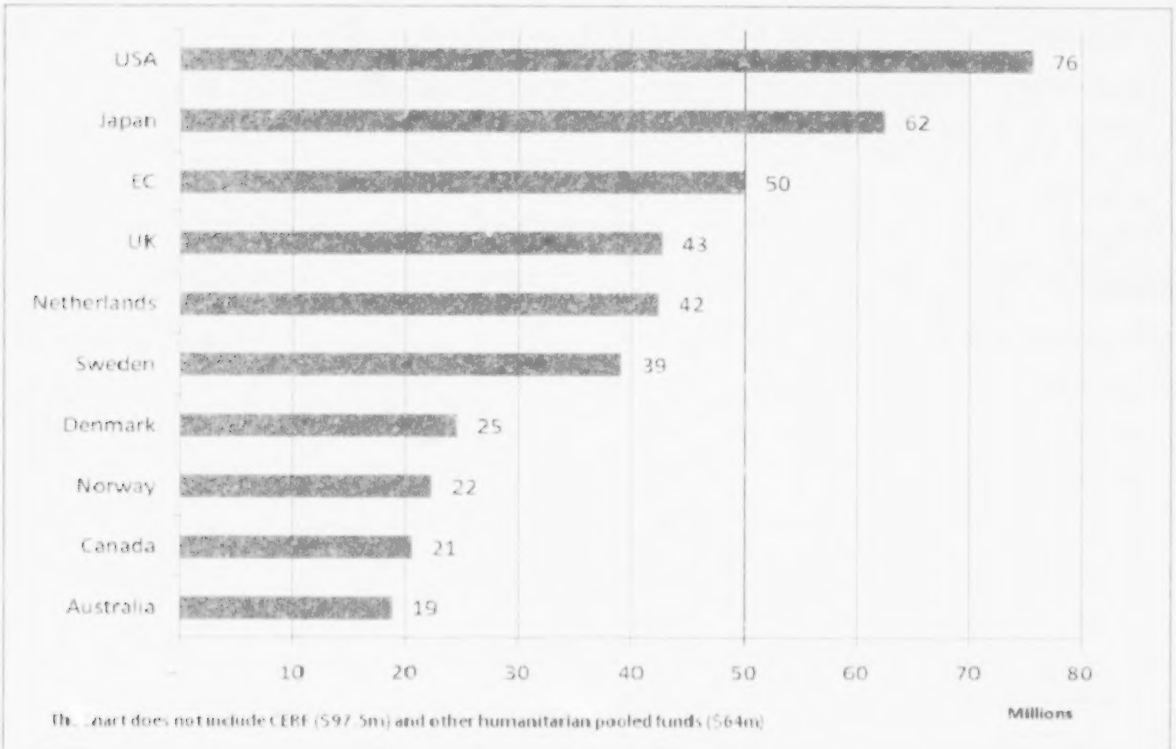
254. UNICEF overall income for humanitarian assistance of $735 million in 2008, an increase of 39 per cent from the 2007 level, reflected needs significantly higher than in 2007. The percentage of appeals funded was comparable between the two years. Large-scale natural disasters such as the China earthquake and the Myanmar cyclone received significant levels of funding, particularly from National Committees. Emergencies in Ethiopia and Zimbabwe also received significant funding.

255. In 2008, UNICEF responded to emergencies in nearly 80 countries, many of which experienced several crises. Funding included 75 appeals and requests for humanitarian assistance. Consolidated Appeals were relatively well funded, receiving 63 per cent of their needs. Flash Appeals attracted 68 per cent of the requirements. The other crises were the least funded, with 43 per cent of their financial needs met.

256. Following two years of large increases in funding channelled through United Nations agencies, 2008 saw an increase of 9 per cent, with contributions totalling $2.5 million, of which $91 million was for development and $165 million for humanitarian assistance. Joint programming and various multi-donor and pooled funding mechanisms, including CERF, accounted for the bulk of these resources.

Figure V
Top 10 Donors to humanitarian funds, 2008

(In thousands of United States dollars)



The chart does not include CERF ($97.5m) and other humanitarian pooled funds ($64m)

257. In addition to the CERF, multi-donor funds in 2008 include pools for emergencies in the Democratic Republic of the Congo, Central African Republic, Ethiopia, Somalia and Sudan. Sudan, the Democratic Republic of the Congo and Ethiopia were the largest recipients from country-based pooled funding mechanisms. An inter-agency study was initiated in 2008 to identify the transaction costs associated with the management of pooled funding and to make recommendations for streamlining.

Annex

Programme expenditure in 2008 for countries classified according to gross national income (GNI) and under-five mortality rates (U5MR)*

	Child population in 2007 (In millions)	Child population (Percentage of total)	Number of countries	Expenditure (In millions of US dollars)	Expenditure (Percentage)	Cents per child (US cents)
Country grouping based on 2007 GNI						
Low income, Total	595	30%	51	1,684	57%	283
Lower middle income	1,156	58%	51	872	29%	75
(Lower middle income, excluding China & India)	*367*	*19%*	*49*	*727*	*24%*	*198*
Upper middle income	234	12%	28	140	5%	60
Total for countries	1,984	100%	130	2,696	91%	136
Total for global and other regional funds				280	9%	
Grand Total	1,984	100%	130	2,976	100%	
Country grouping based on 2007 U5MR						
Very high U5MR	211	11%	19	811	27%	385
High U5MR, Total	738	37%	31	1,100	37%	149
(High U5MR, excluding India)	*292*	*15%*	*34*	*995*	*33%*	*341*
Middle U5MR, Total	877	44%	51	631	21%	72
(Middle U5MR, excluding China)	*535*	*27%*	*37*	*592*	*20%*	*111*
Low U5MR	168	8%	27	153	5%	91
Total for countries	1,994	100%	128	2,696	91%	135
Total for global and other regional funds				280	9%	
Grand Total	1,994		128	2,976	100%	
(of which LDCs)	383	19%	45	1,539	52%	401

* Low income = GNI per capita of $935 or less.
Lower middle income = GNI per capita between $936 and $3,595.
Upper middle income = GNI per capita between $3,706 and $11,455.
Very high U5MR = over 140 under-five deaths per 1,000 live births.
High U5MR = 71-140 under-five deaths per 1,000 live births.
Middle U5MR = 21-70 under-five deaths per 1,000 live births.
Low U5MR = less than 21 under-five deaths per 1,000 live births.
LDCs = least developed countries.